

State of Iowa

1967

OCCUPATIONAL EDUCATION PROGRAMS SERVING IOWA STUDENTS

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A special note of thanks to the many other IPGA members throughout the state who contributed their time and effort to make this publication possible.

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The need for current information regarding occupational education opportunities is being magnified by the development of more educational programs and the larger number of individuals indicating an interest in educational programs offered in Private Institutions, Area Community Colleges, and Area Vocational Schools. It becomes more difficult to collect, compile, and make available concise, up-to-date information regarding the many training programs in a form and manner that is readily understood and usable. The publication, Occupational Education Programs Serving Iowa Students, was prepared jointly by the Iowa State Department of Public Instruction and the Iowa Personnel and Guidance Association in an attempt to meet this need. The Iowa Personnel and Guidance Association collected the information by individually contacting the training institution. The Iowa State Department of Public Instruction compiled and published the information collected.

This manual is not intended to reduce or hinder exploration of opportunities or to supplant individual contact with the personnel of the training institution regarding specific provisions, offerings, policies, etc. It is intended to offer current, concise information in common form that can be readily used and understood. Provisions have been made to periodically revise and up-date the information presented in this publication.

The inclusion of or the omission of information is not intended to constitute an evaluation, an endorsement or a recommendation by the Iowa Personnel and Guidance Association or the Iowa State Department of Public Instruction.

CONTENTS

Academy of Automation	1
Operational Key Punch 2	
Operational Wiring of Basic Machines 3	
Computer Operation - Computer Programming 4	
Allen Memorial Hospital School of Nursing	5
Registered Nursing 6	
American Institute of Business	7
Business Machines - Clerk Typist 8	
Stenographic 9	
Junior Secretarial 10	
Executive Secretarial 11	
Court Reporting 12	
Junior Accounting I 13	
Junior Accounting II 14	
Salesmanship - Business Management 15	
Business Management 16	
Higher Accounting - Automation 17	
Ames School of Practical Nursing	19
Practical Nursing 20	
Antonian School of Practical Nursing	21
Practical Nursing 22	
Area II - North Iowa Area Community College	
Mason City, Iowa	23
Practical Nursing 24	
Agriculture Equipment Technology 25	
Electronic Technology 26	
Drafting Technology 27	
Automotive Technology 28	
Refrigeration - Air Conditioning 29	
Food Service 30	
Clerical Assistant, one year 31	
Clerical Assistant, two year 32	

Contents (continued)

General Business	33
Retailing	34
Accounting - Finance	35
Legal Secretary	36
General Secretary	37
Medical Secretary	38

Area III - Area Community College

Emmetsburg, Iowa	39
Secretarial Science	40
Business Management	41
Estherville, Iowa	43
Accounting	44
Business Administration	45
Secretarial Science	46
Clerical Training	47
Practical Nursing	48
Feed - Fertilizer	49

Area IV - Northwest Iowa Vocational School

Sheldon, Iowa	51
Refrigeration - Air Conditioning	52
Auto Mechanics	53
Auto Body Repair	54
Power Lineman	55
Welding	56
O. E. Clerical - Accounting	57
O. E. Secretarial	58

Area V - Iowa Central Community College

Eagle Grove, Iowa	59
Business Administration	60
Machine Shop	61
Clerical - Secretarial	62
Drafting	63
Fort Dodge, Iowa	65
Executive Secretary	66
Clerical - Receptionist	67
Industrial Electronics (Freshman)	68

Contents (continued)

Industrial Electronics (Sophomore)	69
Registered Nursing (Freshman)	70
Registered Nursing (Sophomore)	71
Automotive Mechanics	72
Food Marketing Management	73
Medical Assistant Program	74
Area VI - Area Community College	
Iowa Falls, Iowa	75
Electronics - Radio - Television	76
Petroleum Marketing Management	77
Fashion Merchandising Program	78
Business Education, one year	79
Business Education, Two year	80
Retail Marketing Management	81
Secretarial Insurance Program	82
Marshalltown, Iowa	83
Technical Drafting	84
Automotive Mechanics	85
Accounting	86
Secretarial	87
General Business	88
Electronics Technology	89
Mechanical Technology	90
Chemical Industries Technology	91
Clerical Training	92
Area VII - Hawkeye Institution of Technology	
Waterloo, Iowa	93
Practical Nursing	94
Electronic Engineering Technology	95
Mechanical Engineering Technology	96
Area IX - Area Community College	
Clinton, Iowa	97
Electronics Technology	98
Practical Nursing	99
Business Education	100
Drafting: Construction Mfg.	101

Contents (continued)

Area X - Area Community College	
Cedar Rapids, Iowa	103
Electronics Technology	104
Floriculture	105
Mechanical Engineering Technology	106
Practical Nursing	107
Welding	108
Automotive Technology - Mechanics	109
Auto Collision Repair	110
Data Processing Programmer Assistant	111
Key Punch - Verifier Operator	112
Computer Programmer	113
Data Processing Computer Programmer Analyst	114
Clerical Training	115
Computer Operator	116
Evening Machine Shop	117
Machine Tool Operators	118
Iowa City, Iowa	119
X-Ray Technology	120
Practical Nursing	122
Area XI - Area Community College	
Ankeny, Iowa	123
Industrial Electronics Technology	124
Area XII - Area Vocational School	
Sioux City, Iowa	125
Electronics Technology	126
Mechanical Drafting - Design	127
Practical Nursing	128
Area XIII - Area Community College	
Clarinda, Iowa	129
Mechanical Technology	130
Practical Nursing	131
Area XV - Iowa Technical Institute	
Ottumwa, Iowa	133
Data Processing	134
Computer Maintenance	135

Contents (continued)

Culinary Arts	136
Electronics Technology	137
Hardware Marketing	138
Practical Nursing	139
Centerville, Iowa	141
Auto Mechanics	142
Electronics	143
Drafting	144
Practical Nursing	145
Area XVI - Area Community College	
Burlington, Iowa	147
Mechanical Design	148
Mechanical Problems	149
Electronics Technology	150
Auto Mechanics	151
Practical Nursing	152
Automation Institute of Omaha, Inc.	153
Data Processing - Computer Programming	154
Executive Secretarial	155
Private Secretarial	156
Barnes Beauty College of Cosmetology	157
Cosmetology	158
Bernel Hairstyling College	
Ames, Iowa	159
Cosmetology	160
Bernel Hairstyling College	
Fort Dodge, Iowa	161
Cosmetology	162
Beyer Aviation	163
Pilot Training	164
Boone Junior College	165
Secretarial, one year	166
Secretarial, two year	167

Contents (continued)

Broadlawns Polk County Hospital School of Nursing	169
Registered Nursing	170
Burlington Beauty Academy	171
Cosmetology	172
Burlington Business College	173
Business Education	174
Burlington Hospital School of Nursing	175
Registered Nursing	176
Capitol Beauty School	177
Cosmetology	178
Cedar Rapids Business College	179
Accounting	180
Stenographic	181
Clinton Academy of Beauty	183
Cosmetology	184
Clinton Business College	185
Secretarial	186
Accounting	187
Retail Management	188
College of Automation	189
Key Punch	190
Data Processing	191
Electronics Technician	192
General Business Secretarial	193
Commercial Data Processing Co.	195
Key Punch	196
Commercial Extension School of Commerce	197
Secretarial	198
Stenographic	199
Medical Secretarial	200
Executive Secretarial	201

Contents (continued)

Junior Accounting	202
Automation Accounting	203
Legal Secretary	204
Dictaphone - Stenographic	205
Administrative Assistant	206
Higher Accounting	207
Business Administration	208
Des Moines Flying Service	209
Pilot Training	210
Des Moines School of Practical Nursing	211
Practical Nursing	212
Dubuque Beauty Academy	213
Cosmetology	214
Electronic Computer Programming Institute	
Cedar Rapids, Iowa	215
IBM Data Processing - Computer Programming	216
Electronic Computer Programming Institute	
Des Moines, Iowa	217
Computer Programming	218
Ellis School of Hairstyling and Cosmetology	219
Cosmetology	220
Evangelical Hospital School of Nursing	221
Registered Nursing	222
Finley Hospital School of Medical Technology	223
Medical Technology	224
Franco School of Hairstyling	225
Cosmetology	226
Gates College	227
Executive Secretarial	228
Executive Accounting	229

Contents (continued)

Secretarial	230
Business Administration	231
Stenographic	232
Junior Business Training	233
Gerald's School of Hair Design and Cosmetology	235
Hair Design - Cosmetology	236
Hanson Mechanical Trade School	237
Auto - Diesel Mechanics	238
Auto Body Repair	239
Arc Welding	240
Lathe	241
Complete Mechanics Course	242
Acetylene Welding	243
Humboldt Institute, Inc.	245
International Travel - Secretarial	246
Transportation - Traffic Management	247
Iowa Barber College	249
Barbering	250
Iowa City Commercial College	251
Stenographic	252
Business Administration	253
Secretarial	254
Higher Accounting	255
Clerk Typist	256
Iowa Lutheran Hospital School of Nursing and Radiology	257
Registered Nursing	258
Radiology	259
Iowa Methodist Hospital School of Nursing	261
Registered Nursing	262, 263
Iowa Methodist Hospital School of X-Ray Technology	265
X-Ray Technology	266
Iowa School of Auctioneering	267
Auctioneering	268

Contents (continued)

Iowa State University, Technical Institute	269
Chemical Industries Technology 270	
Electronics Technology 271	
Construction Technology 272	
Mechanical Technology 273	
Iowa Success School	275
Higher Accounting - Business Administration 276	
Junior Accounting 277	
Executive Secretarial 278	
Stenographic Secretarial 279	
Stenographic 280	
Comptometer 281	
IBM 282	
Jennie Edmundson Memorial Hospital School of Nursing	283
Registered Nursing 284	
Lamb Welding Supply Co.	285
Welding 286	
Larson School of Hairstyling	287
Cosmetology 288	
Lincoln Technical Institute of Des Moines, Inc.	289
Master Mechanics 290	
Automatic Transmission 291	
Luthern Hospital School of Nursing	293
Registered Nursing 294	
Mercedian School of Practical Nursing	295
Practical Nursing 296	
Mercy Hospital School of Nursing Technicians	297
Nursing Technician Program 298	
Mercy Hospital School of Nursing	
Cedar Rapids, Iowa	299
Registered Nursing 300	

Contents (continued)

Mercy Hospital School of Nursing	
Des Moines, Iowa	301
Registered Nursing	302
Mercy Hospital School of Radiologic Technology	303
Radiology	304
Mercy Hospital School of X-Ray Technology	305
X-Ray Technology	306
Methodist Hospital School of Nursing	307
Registered Nursing	308
Mr. Terry's Accredited University of Beauty	309
Cosmetology	310
National Business Training College	311
Professional Accounting	312
Executive Secretarial	313
General Business	314
Data Processing	315
Accounting	316
Stenographic	317
Business Administration	318
Private Secretarial	319
National Transportation Schools	321
Advanced Office Machines	322
Advanced Secretarial	323
Teletype	324
Transportation - General Business	325
Drafting - Engineering Technology	326
Nebraska Methodist Hospital School of Nursing	327
Registered Nursing	328
Nettleton, Boyles-Van Sant College	329
Stenographic	330
Professional Accounting	331
Business Administration	332
Accounting	333

Contents (continued)

Nettleton Commercial College	335
Accounting	336
Secretarial	337
Stenographic	338
Professional Accounting	339
Northwestern Electronics Institute	341
Electronics Technology	342
Business Machine Technology	343
Radio - Television Technician	344
Industrial Technician	345
Communications Electronics	346
Omaha Art School and Studios, Inc.	347
Commercial Art	348
Ottumwa Beauty Academy	349
Practice of Cosmetology	350
Science of Cosmetology	351
Ottumwa Heights College	353
Medical Secretarial	354
General Secretarial	355
Teacher Education	356
Basic Liberal Arts	357
Music	358
Art	359
Home Economics	360
Homemaking	361
Program for Latin American Students	362
Medical Technology	363
Ottumwa Hospital School of Medical Technology	365
Medical Technology	366
Ottumwa Hospital School of X-Ray Technology	367
X-Ray Technology	368
Paris Academy of Beauty Culture	369
Cosmetology	370

Contents (continued)

Personnel Training Institute	371
Communications Training	372
Pointers Welding School	373
Welding	374
Reisch American School of Auctioneering, Inc.	375
Auctioneering	376
Saint Joseph Hospital School of Nursing	377
Registered Nursing	378
Saint Joseph Mercy Hospital School of Medical Technology	379
Medical Technology	380
Saint Joseph Mercy Hospital School of Nursing	381
Registered Nursing	382
Saint Joseph Mercy Hospital School of Radiologic Technology	383
Radiology	384
Saint Joseph's Manor	385
Liberal Arts	386
Saint Luke's Methodist Hospital School of Nursing	387
Registered Nursing	388
Saint Luke's Methodist Hospital School of Practical Nursing	389
Practical Nursing	390
Sioux City Barber College	391
Barbering	392
South Dakota Vocational-Technical School	393
Auto Body Repair	394
Drafting	395
Auto Mechanics	396
Carpentry - Cabinet Making	397
Radio - Television Servicing	398
Industrial Electronics	399
Diesel	400
Machine Shop	401

Contents (continued)

Stewart School of Hairstyling Council Bluffs, Iowa	403
Cosmetology 404	
Stewart School of Hairstyling Sioux City, Iowa	405
Cosmetology 406	
Thompson Beauty School	407
Cosmetology 408	
Tobin Career College, Inc.	409
Accounting - Machines 410	
Business Machines - General Office 411	
Tylers Beauty School	413
Cosmetology 414	
United Electronics Institute	415
Industrial Electronics 416	
United Motel Training, Inc.	417
Motel Management 418	
Universal Trades School	419
Refrigeration - Air Conditioning I 420	
Air Conditioning - Heating II 421	
Automotive Mechanics 422	
Auto Body - Fender Repair 423	
University College of Cosmetology, Inc.	425
Cosmetology 426	
University of Iowa, School of Journalism	427
Line Casting - Machine Operation and Care 428	
Washington Senior High School of Practical Nursing	429
Practical Nursing 430	
Waterloo Barber College	431
Barbering 432	

Contents (continued)

Waterloo School of Beauty Culture	433
Cosmetology	434
Xavier Hospital School of Medical Technology	435
Medical Technology	436
Xavier Hospital School of X-Ray Technology	437
X-Ray Technology	438
Young School of Beauty	439
Cosmetology	440
Index	443

SPECIALIZED SCHOOL NAME Academy of Automation
 Street 200 Guaranty Building
 City Cedar Rapids, Iowa 52401

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 365-8656 Area Code 319 Administrator Lee K. Behrens
 Sponsor or Owner Lee K. Behrens
 School Accredited by Iowa State Department of Public Instruction and Veterans Administration
 Application for admission mailed to: Name Lee K. Behrens Title President
 Fee required with enrollment application: Amount \$10.00, V.A. app.-\$25.00 Refundable: Yes V.A. No X
 Is fee applied toward tuition and other charges: Yes X No app-\$15.00
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____
 Dates student may begin classes: New class started approximately every month.
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Lee K. Behrens Address Cedar Rapids, Iowa
 Prospective Students: Roger Zach Address Guttenburg, Iowa
 Address _____
 Compensated by: Straight Salary _____ Commission X Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Prior to enrollment.
 By whom tested Lee K. Behrens or Roger Zach Position Representatives
 Personal interview required: Yes X No _____ When Prior to enrollment
 By whom tested Lee K. Behrens or Roger Zach Position Representatives
 Graduate placement service: Yes X No _____ Person or agency responsible Lee K. Behrens
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Mary Ellen Moel
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 25 % School owned _____ % YMCA/YWCA 50 % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other 25 %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: N.A. Admission Fee: N.A.
 Application for financial aid required: Yes X No _____ Deadline Date Class starting date
 Director of financial aid Mary Ellen Moel
 Tuition refund policy and schedule Prorated according to attendance.

SPECIFIC TRAINING PROGRAMS

Academy of Automation

PROGRAM Operational Key Punch **STARTING DATE** Every month

Basic Subject Taught (names)	Keypunch, Verifier						
No. different Subject Levels	3, i.e., Introduction, Operation, and Programming						
Total Hours of Class Training	40						
Minimum Requirement to Receive Credit	80%						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 weeks (40 hours minimum) Total Capacity 8

Average Enrollment: Men None Women 8 1st Term Students N.A. Other Than 1st Term Students N.A.

No. of Students aged: 19 or under 6 20-24 2 25-29 30 or over

Tuition: Total \$245.00 Monthly Basis \$145.00 Payment Plan \$24.00 per mo.-6 mos.

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required Typing (30 w.p.m.)

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used Card Punch Operators Test (IBM)

SPECIFIC TRAINING PROGRAMS

Academy of Automation

PROGRAM Operational Wiring Of Basic Machine STARTING DATE Every month

Basic Subject Taught (names)	Intro	Keypunch	Sorter	Interpreter	Reproducer	Collater	Machine Accounting
No. different Subject Levels	7 (Same as subjects taught)						
Total Hours of Class Training	160						
Minimum Requirement to Receive Credit	80%						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 8 weeks (160 hours minimum) Total Capacity 12

Average Enrollment: Men 14 Women 2 1st Term Students N.A. Other Than 1st Term Students N.A.

No. of Students aged: 19 or under 10 20-24 4 25-29 2 30 or over None

Tuition: Total \$525.00 Monthly Basis \$212.50 (2 mos.) Payment Plan \$35.40 per mo.-12 mos.

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used IBM Basic Machine Accounting

SPECIFIC TRAINING PROGRAMS

Academy of Automation

PROGRAM Computer Operation and Computer Programming STARTING DATE Every month

Basic Subject Taught (names)	Computers, Intro. to Computers, Computer Operation, Computer Programming						
No. different Subject Levels	4, i.e., Introduction, Machine Language, Sps, and Auto-coder.						
Total Hours of Class Training	160						
Minimum Requirement to Receive Credit	80%						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 8 weeks (160 hours minimum) Total Capacity 16

Average Enrollment: Men 14 Women 2 1st Term Students N.A. Other Than 1st Term Students N.A.

No. of Students aged: 19 or under 10 20-24 4 25-29 2 30 or over None

Tuition: Total \$425.00 Monthly Basis \$167.50 (2 mos.) Payment Plan \$27 per mo. - 12 mos.

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required Basic Machine Course or equivalent experience

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used TBM Basic Machine Accounting

SPECIALIZED SCHOOL NAME Allen Memorial Hospital Lutheran School of NursingStreet 1825 Logan Ave.City Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 234-2811 Area Code 319 Administrator Miss Virginia TurnerSponsor or Owner Allen Memorial HospitalSchool Accredited by National League for Nursing Iowa Board of NursingApplication for admission mailed to: Name Miss Virginia Turner Title Dir. of Nursing Ed.Fee required with enrollment application: Amount \$2 Refundable: Yes No XIs fee applied toward tuition and other charges: Yes No XNotification of acceptance: To student X To parent To high school None High school transcript required: Yes X No High School recommendation: Requested Required XDates student may begin classes: SeptemberSchool visitation: Recommended Required X Includes: Parents Students X Counselors Persons responsible for contacting Faculty (on invitation to Address Prospective Students: career days) Address Address Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes X No When Prior to acceptanceBy whom tested National League of Nursing (Testing Ser.-SCIO Position Personal interview required: Yes X No When Prior to acceptanceBy whom tested Faculty Position Graduate placement service: Yes X No Person or agency responsible SchoolStudent, part time work, placement service: Yes No XPerson or agency responsible First term progress report sent to: Parents X Students High School Other Students live: At home % School owned 100 % YMCA/YWCA % Private home %Public facilities % Private rooming house % Other %Financial aids available: Loans X Workstudy Scholarship Other Monthly room and board cost: Included in general fee Admission Fee: \$20Application for financial aid required: Yes X No Deadline Date Anytime of needDirector of financial aid Miss Virginia TurnerTuition refund policy and schedule Unused books 1st week of term - 80%, 2nd week - 60%, 3rd week - 40%, noneafter 4th week.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No EXEMPT 5

SPECIFIC TRAINING PROGRAMS

Allen Memorial Hospital, Lutheran School of Nursing

PROGRAM Nursing STARTING DATE September

Basic Subject Taught (names)	Nursing	Anatomy & Physiology	English	Sociology	Nutrition	Chemistry	Microbiology	Psychology
No. different Subject Levels	13	1*	1*	1*	1	1*	1*	1*
Total Hours of Class Training	54 sem.	4	3	4	1	3	3	3
Minimum Requirement to Receive Credit	54	4	3	4	1	3	3	3

*Taught at the State College of Iowa

Basic Subject Taught (names)	Interpersonal Relationships	Professional Adjustments					
No. different Subject Levels	1	1					
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 years (3 terms per year) Total Capacity 120

Average Enrollment: Men _____ Women 120 1st Term Students 50 Other Than 1st Term Students 70

No. of Students aged: 19 or under Mostly 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$2400 Monthly Basis _____ Payment Plan by terms

Includes: books, materials and equipment

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended 4 units of Eng., 2 math, 2-3 science, and 2-3 soc. science.

Pre-enrollment or Placement test: Yes X No _____ Tests Used Pre-Nursing and Guidance Exam.

SPECIALIZED SCHOOL NAME American Institute of Business
Grand Avenue At Tenth Street
Street _____
city Des Moines, Iowa 50307

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 244-4221 Area Code 515 Administrator Keith Fenton, President
Sponsor or Owner American Institute of Business (Iowa Non-Profit School)
School Accredited by The Accrediting Commission for Business Schools
Application for admission mailed to: Name Oren E. Brinkley Title Director of Admissions
Fee required with enrollment application: Amount \$20 Refundable: Yes _____ No X
Is fee applied toward tuition and other charges: Yes _____ No X Refunded if student not accepted
Notification of acceptance: To student X To parent _____ To high school _____ None _____
High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X
Dates student may begin classes: June, September, December, March
School visitation: Recommended _____ Required X Includes: Parents recommended _____ Students X Counselors _____
Persons responsible for contacting Oren E. Brinkley Address Des Moines
Prospective Students: Dale Howard Address Des Moines
John Larson Address Des Moines
Compensated by: Straight Salary X Commission _____ Salary plus commission _____
Entrance Testing required: Yes X No _____ When At student's convenience
By whom tested Ruth Whitten Position Admissions Office Assistant
Personal interview required: Yes X No _____ When 9:00 a.m. or 1:00 p.m. Monday - Friday; 9:00 a.m. Saturday
By whom tested Keith Fenton - Oren Brinkley Position President - Dir. of Adm.
Graduate placement service: Yes X No _____ Person or agency responsible Robert Chase
Student, part time work, placement service: Yes X No _____
Person or agency responsible Claire Whinery
First term progress report sent to: Parents X Students _____ High School _____ Other _____
Students live: At home 25% % School owned _____ % YMCA/YWCA 5% % Private home 2% %
Public facilities 20 % Private rooming house 0 % Other 48 %
Financial aids available: Loans NDEA Workstudy yes Scholarship _____ Other _____
Monthly room and board cost: \$60 to \$80 Admission Fee: None
Application for financial aid required: Yes X No _____ Deadline Date thirty days before entrance
Director of financial aid Mrs. Nellie Brown
Tuition refund policy and schedule If tuition is paid for full course, 100% is refunded for all unsuade quarters. Refunds for less than one quarter are granted for the following reasons: medical, involuntary military service, Exceptional cases passed upon by the Board of Trustees.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X
Commission for Business Schools are exempt from this law.

*Dormitory construction is under way to house 25% of the student body.

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Business Machines and Clerk Typist **STARTING DATE** December, March, June, and September

Basic Subject Taught (names)	Math	English	Machines	Typing	Acctg.	Office Procedures	Elective	
No. different Subject Levels	1	3	5	3	1	1	1	
Total Hours of Class Training	60	180	300	180	60	60	60	
Minimum Requirement to Receive Credit	3 q.h.	9 q.h.	15 q.h.	9 q.h.	3 q.h.	3 q.h.	3 q.h.	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Nine months - three quarters Total Capacity _____

Average Enrollment: Men 0 Women 64 1st Term Students 6 Other Than 1st Term Students 58

No. of Students aged: 19 or under 60 20-24 3 25-29 0 30 or over 1

Tuition: Total \$64.5 Monthly Basis ----- Payment Plan quarterly - \$215

Used books also available

Other Fees \$35 Books \$60.75 Materials \$15 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence
Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Stenographic

STARTING DATE December, March, June, and Sept.

Basic Subject Taught (names)	Shtd.	Acctg.	Typing	English	Office Procedure	Machines	Elective	
No. different Subject Levels	5	1	3	3	1	1	1	
Total Hours of Class Training	300	60	180	180	60	60	60	
Minimum Requirement to Receive Credit	15 q.h.	3 q.h.	9 q.h.	9 q.h.	3 q.h.	3 q.h.	3 q.h.	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Nine months - three quarters Total Capacity _____

Average Enrollment: Men 0 Women 37 1st Term Students 3 Other Than 1st Term Students 34

No. of Students aged: 19 or under 33 20-24 3 25-29 0 30 or over 1

Tuition: Total \$645 Monthly Basis _____ Payment Plan Quarterly - \$215

Used books also available.

Other Fees \$35 Books \$82.75 Materials \$25 Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High school diploma and satisfactory entrance tests

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence
Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Junior Secretarial STARTING DATE December, March, June, And Sept.

Basic Subject Taught (names)	Shtd.	Typing	English	Math	Office Procedure	Bus. Adm. Theory	Machines	Elective
No. different Subject Levels	6	4	3	1	2	1	1	1
Total Hours of Class Training	360	240	180	60	120	60	60	60
Minimum Requirement to Receive Credit	18 q.h.	12 q.h.	9 q.h.	3 q.h.	6 q.h.	3 q.h.	3 q.h.	3 q.h.

Basic Subject Taught (names)	Acctg.							
No. different Subject Levels	1							
Total Hours of Class Training	60							
Minimum Requirement to Receive Credit	3 q. h.							

Length of Training Program One year - Four quarters Total Capacity _____

Average Enrollment: Men 0 Women 120 1st Term Students 6 Other Than 1st Term Students 114

No. of Students aged: 19 or under 115 20-24 5 25-29 0 30 or over 0

Tuition: Total \$860 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available

Other Fees \$35 Books \$111.50 Materials \$25 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence
Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Executive Secretarial

STARTING DATE December, March, June, September

Basic Subject Taught (names)	Shtd.	Typing	Acctg.	Bus. Adm. Theory	Machines	Auto- mation	English	Office Procedure
No. different Subject Levels	7	4	3	4	3	1	4	2
Total Hours of Class Training	420	240	180	240	180	60	240	120
Minimum Requirement to Receive Credit	21 q.h.	12 q.h.	9 q.h.	12 q.h.	9 q.h.	3 q.h.	12 q.h.	6 q.h.

Basic Subject Taught (names)	Elective	Math						
No. different Subject Levels	1	1						
Total Hours of Class Training	60	60						
Minimum Requirement to Receive Credit	3 q.h.	3 q.h.						

Length of Training Program Six quarters - 18 months Total Capacity _____

Average Enrollment: Men 0 Women 36 1st Term Students 1 Other Than 1st Term Students 35

No. of Students aged: 19 or under 32 20-24 4 25-29 0 30 or over 0

Tuition: Total \$1290 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available

Other Fees \$35 Books \$157.50 Materials \$30 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence

Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Court Reporting STARTING DATE December, March, June, September

Basic Subject Taught (names)	Shtd.	English	Bus. Adm. Theory	Acctg.	Typing	Office Procedure	Court Reporting	Elective
No. different Subject Levels	6	4	3	1	4	1	3	2
Total Hours of Class Training	360	240	180	60	240	60	840	120
Minimum Requirement to Receive Credit	18 q.h.	12 q.h.	9 q.h.	3 q.h.	12 q.h.	3 q.h.	42 q. h.	6 q.h.

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Seven quarters - 21 months Total Capacity _____

Average Enrollment: Men 7 Women 19 1st Term Students 3 Other Than 1st Term Students 23

No. of Students aged: 19 or under 20 20-24 4 25-29 1 30 or over 1

Tuition: Total \$1505 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available.

Other Fees \$35 Books \$137.90 Materials \$45 Equipment \$168

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence

Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Junior Accounting I STARTING DATE December, March, June, September

Basic Subject Taught (names)	Acctg.	English	Bus. Adm. Theory	Typing	Auto-mation	Machines	Math	Elective
No. different Subject Levels	3	3	2	3	3	1	1	1
Total Hours of Class Training	180	180	120	180	180	60	60	60
Minimum Requirement to Receive Credit	9 q.h.	9 q.h.	6 q.h.	9 q.h.	9 q.h.	3 q.h.	3 q.h.	3 q.h.

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four quarters - 12 months Total Capacity _____

Average Enrollment: Men 61 Women 13 1st Term Students 16 Other Than 1st Term Students 58

No. of Students aged: 19 or under 65 20-24 7 25-29 2 30 or over 0

Tuition: Total \$900 Monthly Basis ----- Payment Plan Quarterly - \$225

Used books also available.

Other Fees \$35 Books \$109.05 Materials \$18 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Junior Accounting II STARTING DATE December, March, June, September

Basic Subject Taught (names)	Acctg.	English	Bus. Adm. Theory	Auto-mation	Machines	Typing	Office Procedure	Math
No. different Subject Levels	4	3	2	1	2	4	2	1
Total Hours of Class Training	240	180	120	60	120	240	120	60
Minimum Requirement to Receive Credit	12 q.h.	9 q.h.	6 q.h.	3 qh	6 q.h.	12 q.h.	6 q.h.	3 q.h.

Basic Subject Taught (names)	Elective							
No. different Subject Levels	1							
Total Hours of Class Training	60							
Minimum Requirement to Receive Credit	3 q.h.							

Length of Training Program Four quarters - 12 months Total Capacity

Average Enrollment: Men 21 Women 53 1st Term Students 7 Other Than 1st Term Students 67

No. of Students aged: 19 or under 58 20-24 13 25-29 2 30 or over 1

Tuition: Total \$860 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available

Other Fees \$35 Books \$94.30 Materials \$19 Equipment

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No Tests Used Nelson-Denny Reading, Otis Intelligence

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Salesmanship and Business Manag. • STARTING DATE December, March, June, September

Basic Subject Taught (names)	Acctg.	English	Bus. Adm. Theory	Typing	Automation	Machines	Math	Electives
No. different Subject Levels	4	4	6	3	1	2	1	4
Total Hours of Class Training	240	240	360	180	60	120	60	240
Minimum Requirement to Receive Credit	12 q.h.	12 q.h.	18 q.h.	9 q.h.	3 q.h.	6 q.h.	3 q.h.	12 q.h.

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Five quarters - 15 months Total Capacity _____

Average Enrollment: Men 63 Women 1 1st Term Students 15 Other Than 1st Term Students 49

No. of Students aged: 19 or under 39 20-24 23 25-29 2 30 or over 0

Tuition: Total \$1075 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available.

Other Fees \$35 Books \$118.50 Materials \$18 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence

Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM Business Management STARTING DATE December, March, June, September

Basic Subject Taught (names)	Acctg.	English	Bus. Adm. Theory	Typing	Automation	Machines	Math	Electives
No. different Subject Levels	7	4	6	3	2	2	1	4
Total Hours of Class Training	420	240	360	180	120	120	60	240
Minimum Requirement to Receive Credit	24 q.h.	12 q.h.	18 q.h.	9 q.h.	6 q.h.	6 q.h.	3 q.h.	12 q.h.

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Six quaters - 18 months Total Capacity _____

Average Enrollment: Men 67 Women 2 1st Term Students 2 Other Than 1st Term Students 67

No. of Students aged: 19 or under 44 20-24 21 25-29 2 30 or over 2

Tuition: Total \$1290 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available.

Other Fees \$35 Books \$153.75 Materials \$18 Equipment _____

Pre-requisite courses required High school diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence

Kuder Interest

SPECIFIC TRAINING PROGRAMS

American Institute of Business

PROGRAM High Accounting and Automation STARTING DATE December, March, June, Sept.

Basic Subject Taught (names)	Acctg.	English	Bus. Adm. Theory	Typing	Automation	Machines	Math	Electives
No. different Subject Levels	7	4	6	3	4	2	1	4
Total Hours of Class Training	420	240	360	180	240	120	60	240
Minimum Requirement to Receive Credit	24 qh.	12 q.h.	18 q.h.	9 q.h.	12 q.h.	6 q.h.	3 q.h.	12 q.h.

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Seven quarters - 21 months Total Capacity _____

Average Enrollment: Men 42 Women 0 1st Term Students 9 Other Than 1st Term Students 33

No. of Students aged: 19 or under 28 20-24 12 25-29 1 30 or over 1

Tuition: Total \$1505 Monthly Basis ----- Payment Plan Quarterly - \$215

Used books also available.

Other Fees \$35 Books \$175 Materials \$18 Equipment _____

Pre-requisite courses required High School diploma and satisfactory entrance tests

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson-Denny Reading, Otis Intelligence

Kuder Interest

SPECIALIZED SCHOOL NAME Ames School of Practical Nursing
 Street 4th Floor, Mary Greeley Hospital
 City Ames, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 233-2030 Area Code 515 Administrator Leonard Bengtson, Director
 Sponsor or Owner Ames Community School District, Ames, Iowa
 School Accredited by Iowa Board of Nursing and State Dept. of Public Instruction, Div. of Voc. Education
 Application for admission mailed to: Name Mrs. Dorothy Sielert Title Coordinator
 Fee required with enrollment application: Amount none Refundable: Yes _____ No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Fall only (approx. Sept. 1)
 School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____
 Persons responsible for contacting no one hired specifically for this Address _____
 Prospective Students: responsibility. Personal contacts are Address _____
handled primarily by the coordinator Address and director _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When In April, before acceptance for September class.
 By whom tested School coordinator and instructor Position _____
 Personal interview required: Yes X No _____ When In April, when entrance tests are given
 By whom tested Mrs. Dorothy Sielert Position Coordinator
 Graduate placement service: Yes Informal only Person or agency responsible Mrs. D. Sielert, Coordinator
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 50 % School owned _____ % YMCA/YWCA _____ % Private home 50 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: approx. \$50 Admission Fee: \$20 (credited to tuition)
 Application for financial aid required: Yes X No _____ Deadline Date No definite deadline. Soon after acceptance.
 Director of financial aid Mrs. Dorothy Sielert, Coordinator
 Tuition refund policy and schedule No tuition refunds are made except when withdrawal from school is due to illness or
causes entirely beyond the student's control. Refund will be based upon amount of training received.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No does not apply

SPECIFIC TRAINING PROGRAMS

Ames School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE approx. Sept. 1st

Basic Subject Taught (names)	Body Structure & Function	Personal & Voc. Relationships	Nursing Care	Clinical Experience		
No. different Subject Levels	1	1	1	1		
Total Hours of Class Training	135	76	475	452		
Minimum Requirement to Receive Credit	No set number of hours established. Regular attendance is required except for excused absences for illness, etc.					

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program one year Total Capacity 21

Average Enrollment: Men _____ Women 21 1st Term Students 21 Other Than 1st Term Students _____

No. of Students aged: 19 or under 6 20-24 3 25-29 1 30 or over 11

Tuition: Total \$250 Monthly Basis _____ Payment Plan \$20 payable on acceptance
\$130 due at start of classes, final \$100 due Dec. 1st.

Other Fees _____ Books approx. \$25.50 Materials _____ Equipment Uniforms-Approx.
\$45

Pre-requisite courses required None, except high school graduation or G.E.D. equivalent

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used P.A.C.E. and Otis Quick-Scoring Mental Ability

SPECIALIZED SCHOOL NAME Antonian School of Practical Nursing
 Street South Clark
 City Carroll, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 792-3581 Area Code _____ Administrator Sister Mariquita RN
 Sponsor or Owner Francison Sisters, St. Anthony Hospital
 School Accredited by Iowa Board of Nursing
 Application for admission mailed to: Name Sister Mariquita Title Director
 Fee required with enrollment application: Amount \$25.00 Refundable: Yes X No _____
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September 7
 School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____
 Persons responsible for contacting Sister Mariquita Address Antonian School - Carroll, Iowa
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Feb. - March - April
 By whom tested Sister Mariquita Position Director
 Personal interview required: Yes X No _____ When before entrance
 By whom tested Sister Mariquita Position Director
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Hospital
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home _____ % School owned 100 % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans None Workstudy None Scholarship Sometimes Other _____
 Monthly room and board cost: \$40.00 Admission Fee: _____
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid Sister Mariquita, Director
 Tuition refund policy and schedule Withdrawal schedule for refunds: within two (2) weeks - 80%; three (3) weeks - 60%; four weeks (4) - 40%; five weeks (5) - 20%; after six (6) weeks only graduation fee.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Antonian School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE September

Basic Subject Taught (names)	Funda-mentals	Nutrition	Bio & Phys Science	Soc. Fnd'n Voc Rel	Medical Sur. Dressing	Nursing of Children	Nursing Mothers Newborn	Phychiotic Nursing
No. different Subject Levels	Class/Lab	Classroom	Classroom	Classroom	Class/Lab	Class/Lab	Class/Lab	Classroom
Total Hours of Class Training	120/240	40	64	44	158/462	36/80	60/80	6
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year Total Capacity 35 students

Average Enrollment: Men 1 Women 34 1st Term Students -- Other Than 1st Term Students --

No. of Students aged: 19 or under 28 20-24 5 25-29 -- 30 or over 2

Tuition: Total \$375.00 Monthly Basis -- Payment Plan In full or three

payments at specified times.

Other Fees included in above Books in above Materials -- Equipment --

Pre-requisite courses required High school graduate, 18 to 45 years of age, good mental & physical health

Specific Pre-requisite Courses recommended Good moral character, - Average grades in high school

Pre-enrollment or Placement test: Yes X No Tests Used N L N

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolStreet 142 Main StreetCity Calmar, Iowa

52132

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Max R. Clark, Supt. Area Code 319 Telephone 562-3263Sponsor or Owner Merged Area One Vocational-Technical School DistrictSchool Accredited by Iowa State Department of Public InstructionApplication and information secured from: Name Director of Admission Title SameApplication for admission submitted to: Name Director of Admission Title SameAdmission Fee: \$ 50.00/quarter Is the fee applied toward tuition and other charges: Yes X No Fee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes X No Notification of acceptance: To student X To parent To high school XHigh school transcript required: Yes X No High School recommendation: Requested yes Required School visitation: Recommended X Required Includes: Parents X Students X Counselors Persons responsible for contacting Paul L. Kaiser Address Area One Schoolprospective students; Address Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes X No When Practical Nursing (no other programs)By whom tested Counselor Position Interview conducted by: Counselor and Department Head Position When: Situation warrantsGraduate placement service: Yes X No Person or agency responsible Area One Placement & ISESStudent, part time work, placement service: Yes X No Person or agency responsible Counselors & ISESFirst term progress report sent to: Parents Students X High School X Other Students live: At home 85 % School owned % YMCA/YWCA % Private home 10 %Public facilities % Private rooming house 5 % Other %Average monthly room and board cost: \$60.00Financial aids available: Institutional Loans \$ Workstudy \$ X Scholarship \$ X Grants \$ XApplication for financial aid submitted to (person): Student Personnel Office Deadline date for financial aid Tuition refund policy and schedule 1st week 9/10; 2nd week 8/10; 3rd week 7/10; etc. No refund after ninth weekHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

ADDRESS Calmar, Iowa

Specific Training Program Automotive Mechanic Starting Date(s) September 5

Basic Subject Taught (names)	Automotive Shop	Blue Pr. Reading	Automotive Theory	Automotive Math	Bills, Rec-ords, Sales, etc	Welding	Comm. Skills	Hydraulics
No. different Subject Levels	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	720	60	84	36	24	60	60	36
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Average Enrollment: Men 32 Women _____ Total Capacity 32

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan Quarterly

Books \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Practical automotive experience such as high school shop or work

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

Revised 5/9/67

ADDRESS Calmar, IowaSpecific Training Program Bookkeeping - AccountingStarting Date(s) September 5

Basic Subject Taught (names)	Accounting	Business Math	Comm. Skills	Machine Calculations	Economics	Business Law	Typing	
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	
Total Hours of Class Training	420	120	120	60	60	60	60	
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men _____ Women _____ Total Capacity _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No XPre-requisite courses required noneSpecific Pre-requisite Courses recommended Bookkeeping and MathematicsPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Auto Body Mechanic Starting Date(s) September 5

Basic Subject Taught (names)	Auto Body Shop	Blue Pr. Reading	Related Science	Auto Body Mathematics	Repair Estimating	Welding	Wheel Alignment	Comm. Skills
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	720	60	60	36	24	60	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Average Enrollment: Men 16 Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Practical experience such as high school shop or workPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolADDRESS 142 Main Street, Calmar, Iowa

Revised 5/9/67

Specific Training Program Building Material ManagementStarting Date(s) September 5

Basic Subject Taught (names)	Basic Drafting	Construction Principles	Building Math	Product Knowledge	Business Management	Merchandising	Drafting Home & Farm	Business Math
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	60	180	60	60	60	60	120	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Estimating	Comm. Skills	Credits Collection Finance	Customer Relations				
No. different Subject Levels	Post HS	P.H.S.	P.H.S.	P.H.S.				
Total Hours of Class Training	180	60	120	60				
Minimum Requirement to Receive Credit	all	all	all	all				

Length of Training Program 36 weeks Average Enrollment: Men 16 Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Practical experience such as high school shop and/or workPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

Revised 5/9/67

ADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Carpentry and Building Trades Starting Date(s) September 5

Basic Subject Taught (names)	Carpentry Skills	Blue Pr. Reading	Bldg. Const Math	Related Science	Planning & Estimating	Lay-out	Allied Bldg. Trades	
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	
Total Hours of Class Training	720	60	60	60	60	60	180	
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men 16 Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Practical experience such as high school shop and/or workPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

Revised 5/9/67

ADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Farm ManagementStarting Date(s) September 5

Basic Subject Taught (names)	Farm Accounting	Farm Economics	Comm. Skills	Farm Math	Related Science	Eqpmnt. Mech.	Welding	Mrkt. Analysis
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	120	60	120	120	180	180	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Inc. Tax Accounting	Crop Management	Animal Husbandry					
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.					
Total Hours of Class Training	60	60	60					
Minimum Requirement to Receive Credit	all	all	all					

Length of Training Program 36 weeks Average Enrollment: Men 16 Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Farm backgroundPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Interior Decoration Starting Date(s) September 5

Basic Subject Taught (names)	Intro. To Int. Decor	Prin. of Art & Design	Textiles	Salesman- ship	Comm. Skills	Display	Non- Textiles	Color The- ory & Appli- cation
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	60	60	60	60	60	60	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Architect. Drafting	Business Math	Furniture Des. & Const	Applied Int. Design	Marketing			
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.			
Total Hours of Class Training	60	60	60	180	60			
Minimum Requirement to Receive Credit	all	all	all	all	all			

Length of Training Program 36 weeks Average Enrollment: Men _____ Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended ArtPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolADDRESS 142 Main Street, Calmar, Iowa

Revised 5/9/67

Specific Training Program WeldingStarting Date(s) September 5

Basic Subject Taught (names)	Welding	Blue Pr. Reading	Related Science	Metallurgy Rod Select.	Welding Math.	Tech. Info. Theory & Safety	Comm. Skills	
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	
Total Hours of Class Training	720	60	60	60	60	60	60	
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men _____ Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials \$15.00 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

ADDRESS 142 Main Street, Calmar, Iowa

Specific Training Program Farm Implement Mechanics Starting Date(s) September 5

Basic Subject Taught (names)	Farm Shop	Blue Pr. Reading	Welding	Farm Impl. Math	Bills, Sales Records, etc	Hydraulics	Comm. Skills	Pneumatics
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	720	60	60	36	24	84	60	36
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement to Receive Credit

Length of Training Program 36 weeks Average Enrollment: Men 16 Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan Quarterly

Books \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Practical experience such as high school ag. and/or work

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

Revised 5/9/67

ADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Practical Nurse EducationStarting Date(s) Fall Semester Only

Basic Subject Taught (names)	Body Struc. & Function	Nutrition & Diet. Modificati.	Voc. Pers. Comm. Rel.	Health & Life Span	Nursing Care	Nur. Care of Children	Nur. Care of Mother & Infant	Nur. Care of Medical
No. different Subject Levels	1	1	1	1	1-2-3	Class	Class	Class
Total Hours of Class Training	64	48	32	48	845*	40	40	40
Minimum Requirement to Receive Credit					*Clinical			

Basic Subject Taught (names)	Nur. Care Surg.	Nur. Care Spec. Sit.	Advanced Voc. Rel.					
No. different Subject Levels	Class	Class						
Total Hours of Class Training	40	54	5					
Minimum Requirement to Receive Credit			Must maintain "C" average					

Length of Training Program 48 weeks Average Enrollment: Men _____ Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$35.00-\$40.00 Materials Uniforms \$35.-\$40. Equipment _____ Other Required Costs \$20. State Board FeeEstimated minimum total cost to complete program \$ 300. totalHigh School Diploma Required: Yes X No _____ or GEDPre-requisite courses required NoneSpecific Pre-requisite Courses recommended SciencePre-enrollment or Placement test: Yes X No _____ Tests Used Pace - Hemmon - Nelson

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical SchoolADDRESS 142 Main Street, Calmar, IowaSpecific Training Program Secretarial Starting Date(s) September 5

Basic Subject Taught (names)	Typing	Shorthand	Business Math	Comm. Skills	Business Machines	Economics	Secretarial Accounting	Business Law
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	180	180	120	120	60	60	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Office Procedure						
No. different Subject Levels	Post H.S.						
Total Hours of Class Training	60						
Minimum Requirement to Receive Credit	all						

Length of Training Program 36 weeks Average Enrollment: Men _____ Women _____ Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan QuarterlyBooks \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Shorthand, typing and bookkeepingPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northeast Area One Vocational-Technical School

ADDRESS 142 Main Street, Calmar, Iowa

Specific Training Program General Clerical Starting Date(s) September 5

Basic Subject Taught (names)	Typing	Steno-script	Indexing & Filing	Comm. Skills	Business Machines	Office Procedure	Econ & Human Relations	Business Math
No. different Subject Levels	Post H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.	P.H.S.
Total Hours of Class Training	300	180	60	120	60	60	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Average Enrollment: Men _____ Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$150.00 Monthly Basis _____ Payment Plan Quarterly

Books \$20.00-\$40.00 Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

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SPECIALIZED SCHOOL NAME Area One Vocational-Technical SchoolADDRESS Calmar, Iowa 52132

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Architectural Design Technology Starting Date(s) Fall Quarter

Basic Subject Taught (names)	1st Qtr. Comm. Skills	1st Qtr. Occp. Psych	1st Qtr. Arch. Drafting I	1st Qtr. Tech. Math I	2nd Qtr. Comm. Skills II	2nd Qtr. Arch. Drafting II	2nd Qtr. Reinforced Concrete cons	2nd Qtr. Tech. Math II
No. different Subject Levels	1	1	2	2	1	2	1	2
Total Hours of Class Training	60	60	180	60	60	180	60	60
Minimum Requirement to Receive Credit	D	D	C	C	D	C	D	C

Basic Subject Taught (names)	3rd Qtr. Oral Comm.	3rd Qtr. Tech. Sci.	3rd Qtr. Tech. Math III	3rd Qtr. Bldg. Mat.				
No. different Subject Levels	1	2	2	1				
Total Hours of Class Training	60	120	60	120				
Minimum Requirement to Receive Credit	D	C	C	D				

Length of Training Program 7 Quarters Average Enrollment: Men _____ Women _____ Total Capacity 24 Freshmen

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$350.00 Monthly Basis _____ Payment Plan \$50.00 per QuarterBooks \$80.00 Materials \$20.00 Equipment Slide Rule Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____Pre-requisite courses required Two years of high school mathematicsSpecific Pre-requisite Courses recommended Science backgroundPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Area One Vocational-Technical SchoolADDRESS Calmar, Iowa 52132

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Specific Training Program Building Construction Technology Starting Date(s) Fall Quarter

Basic Subject Taught (names)	1st Qtr. Comm. Skills I	1st Qtr. Occp. Psych	1st Qtr. Arch. Drafting	1st Qtr. Tech.Math I	2nd Qtr. Comm. Skills II	2nd Qtr. Struct. Drafting	2nd Qtr. Tech. Math II	2nd Qtr. Const. Math
No. different Subject Levels	1	1	2	2	1	2	2	1
Total Hours of Class Training	60	60	180	60	60	180	60	60
Minimum Requirement to Receive Credit	D	D	C	C	D	C	C	D

Basic Subject Taught (names)	3rd Qtr. Oral Comm.	3rd Qtr. Const. Meth. ods & Equip	3rd Qtr. Tech. Sci.	3rd Qtr. Amr. Inst.				
No. different Subject Levels	1	1	2	1				
Total Hours of Class Training	60	120	120	60				
Minimum Requirement to Receive Credit	D	D	C	D				

Length of Training Program 7 Quarters Average Enrollment: Men _____ Women _____ Total Capacity 24 Freshmen

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$350.00 Monthly Basis _____ Payment Plan \$50.00 per QuarterBooks \$80.00 Materials \$20.00 Equipment Slide Rule Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____Pre-requisite courses required Two years of high school mathematicsSpecific Pre-requisite Courses recommended Science backgroundPre-enrollment or Placement test: Yes _____ No X Tests Used _____

Area II - North Iowa Community College
 SPECIALIZED SCHOOL NAME Mason City Junior College
 Street 220 E. State
 City Mason City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 423-1264 Area Code 515 Administrator Wm. F. Berner
 Sponsor or Owner Mason City
 School Accredited by Iowa Department of Public Instruction; North Central Assoc.; College and University Division
 Application for admission mailed to: Name Frank Hoffman Title Dir. of Admissions & Registration
 Fee required with enrollment application: Amount \$10 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Beginning of each semester
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Frank Hoffman Address Community College
 Prospective Students: Clyde Yates Address Community College
Bill McKeown Address Community College
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Previous to entering classes they must complete testing
 By whom tested Clyde Yates Position B.S.P.S.
 Personal interview required: Yes X No _____ When Previous to registration
 By whom tested Admissions counselors Position Staff
 Graduate placement service: Yes X No _____ Person or agency responsible Clyde Yates D.S.P.S.
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Clyde Yates D.S.P.S.
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 65 % School owned _____ % YMCA/YWCA 10 % Private home _____ %
 Public facilities _____ % Private rooming house 2 % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship X other Grants in aid
 Monthly room and board cost: approx. \$9.00 per week Admission Fee: \$10
 Application for financial aid required: Yes X No _____ Deadline Date PCS required - suggest early application
 Director of financial aid Dr. Frank Hoffman and Clyde Yates
 Tuition refund policy and schedule Schedule by weeks; prior to end of 1st week 90% tuition and laboratory fees.
2nd week 80 %, etc. No refund after the 9th week

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Practical Nursing STARTING DATE Fall semester only

Basic Subject Taught (names)	Body Structure	Life Span	Nursing Adults	Nursing Children	Nursing Mothers	Infants	First Aid
No. different Subject Levels	1	1	2	1	1		1
Total Hours of Class Training	Classroom instruction is coordinated with clinical supervision						
Minimum Requirement to Receive Credit	C	C	C	C	C		C

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program one year Total Capacity 25

Average Enrollment: Men 1 Women 24 1st Term Students 25 Other Than 1st Term Students

No. of Students aged: 19 or under 18 20-24 3 25-29 3 30 or over 1

Tuition: Total \$250 Monthly Basis Payment Plan

\$125 for books, uniforms, etc.

Other Fees \$50 Books Materials Equipment

Pre-requisite courses required High school graduate or equivalent

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used Page, Otis

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Agriculture Equipment Tech. STARTING DATE Sept. 1966

	Ag. Equip.	Basic Electricity	Shop Math	Welding	Hydraulic	Applied Business	Tech. Reporting	
Basic Subject Taught (names)								
No. different Subject Levels	4	1	1	1	2	2	1	
Total Hours of Class Training	1296	126	90	54	216	108	54	
Minimum Requirement to Receive Credit	C	D	D	D	C	D	D	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four semesters plus one Summer work experience Total Capacity 30

Average Enrollment: Men _____ Women _____ 1st Term Students 30 Other Than 1st Term Students _____

No. of Students aged: 19 or under unknown yet 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$530 Monthly Basis _____ Payment Plan X

Other Fees \$50 Books _____ Materials \$20 Equipment Basic tool kit

Pre-requisite courses required High school or equivalent

Specific Pre-requisite Courses recommended Vocational Agriculture and or Industrial Arts

Pre-enrollment or Placement test: Yes _____ No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Electronic Technology STARTING DATE Fall Semester Only

Basic Subject Taught (names)	Electronics	Tech. Math	Tech. Reporting	Physics	Psychology	Shop	Drafting
No. different Subject Levels	4	3	2	2	1	1	1
Total Hours of Class Training	1080	270	180	144	54	54	108
Minimum Requirement to Receive Credit	C	C	D	D	D	D	D

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Four semesters Total Capacity 20 Freshmen

Average Enrollment: Men 20 Women 1st Term Students 20 Other Than 1st Term Students 16

No. of Students aged: 19 or under 25 20-24 11 25-29 30 or over

Tuition: Total \$480 Monthly Basis Payment Plan X

Other Fees \$50 Books \$40 Materials \$20 Equipment Slide Rule

Pre-requisite courses required Two years high school Math - Algebra and Geometry

Specific Pre-requisite Courses recommended Physics and additional math

Pre-enrollment or Placement test: Yes No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Drafting Technology STARTING DATE Fall Semester Only

Basic Subject Taught (names)	Tech Drafting	Tech Math	Tech Reporting	Physics	Psychology	Shop		
No. different Subject Levels	4	3	2	2	1	1		
Total Hours of Class Training	900	270	180	144	54	54		
Minimum Requirement to Receive Credit	C	C	C	D	D	D		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four semesters Total Capacity 40 Freshmen

Average Enrollment: Men 40 Women 1st Term Students 40 Other Than 1st Term Students 16

No. of Students aged: 19 or under 40 20-24 16 25-29 30 or over

Tuition: Total \$480 Monthly Basis Payment Plan X

Other Fees \$50 Books \$40 Materials \$20 Equipment Slide Rule

Pre-requisite courses required Two years high school with math, algebra, and geometry

Specific Pre-requisite Courses recommended Physics, additional math - Ind. Arts Drafting

Pre-enrollment or Placement test: Yes No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Automotive Technology

STARTING DATE Fall Semester Only

	Automotive Principles	Shop Math	Basic Electricity	Tech. English	Applied Business	Welding		
Basic Subject Taught (names)								
No. different Subject Levels	4	2	2	1	2	1		
Total Hours of Class Training	1080	180	180	54	108	54		
Minimum Requirement to Receive Credit	C	D	D	D	D	D		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four Semesters Total Capacity 32 Freshmen

Average Enrollment: Men 32 Women _____ 1st Term Students 16 Other Than 1st Term Students 16

No. of Students aged: 19 or under 30 20-24 18 25-29 _____ 30 or over _____

Tuition: Total \$480 Monthly Basis _____ Payment Plan X

Other Fees \$50 Books \$40 Materials \$20 Equipment Basic Tool

Pre-requisite courses required High school or equivalent Kit

Specific Pre-requisite Courses recommended Industrial Arts

Pre-enrollment or Placement test: Yes _____ No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Refrigeration - Air Conditioning STARTING DATE Fall Semester Only

	Refrig. Prin.	Air-Cond Prin.	Basic Elec.	Tech. English	Applied Business	Welding	Physics	
Basic Subject Taught (names)								
No. different Subject Levels	2	2	2	1	2	1	2	
Total Hours of Class Training	540	540	180	54	108	54	252	
Minimum Requirement to Receive Credit	C	C	D	D	D	D	D	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four Semester Total Capacity 32 Freshmen

Average Enrollment: Men 32 Women 1st Term Students 16 Other Than 1st Term Students 16

No. of Students aged: 19 or under 30 20-24 18 25-29 30 or over

Tuition: Total \$480 Monthly Basis Payment Plan X

Other Fees \$50 Books \$40 Materials \$20 Equipment Basic Tool Kit

Pre-requisite courses required High school or equivalent

Specific Pre-requisite Courses recommended Industrial Arts

Pre-enrollment or Placement test: Yes No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Food Service STARTING DATE Fall Semester Only

	Food Serv. Prin.	Bus. Math	Human Relations	Bus Eng.	Bus Enterprise	Work Enterprise		
Basic Subject Taught (names)								
No. different Subject Levels	4	2	1	1	2	1		
Total Hours of Class Training	990	180	54	54	108	720		
Minimum Requirement to Receive Credit	C	D	D	D	D	C		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four semesters Total Capacity 15 Freshmen

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$240 Monthly Basis _____ Payment Plan X

Other Fees \$30 Books \$35 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes _____ No X Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Clerical Assistant (one year) **STARTING DATE** Fall and Spring

Basic Subject Taught (names)	English	Typing	Economic Survey	Introduction to Business	Accounting	Human Rela. in Business	Clerical Practice	
No. different Subject Levels	2	2	1	1	1	1	1	
Total Hours of Class Training	180	180	54	54	54	54	90	
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$50 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Clerical Assistant (two year) STARTING DATE Spring and Fall

Basic Subject Taught (names)	English	Typing	Introduction to Business	Basic Math	Economic Survey	Accounting I	Business Law	Elective
No. different Subject Levels	2	2	1	1	1	1	1	1
Total Hours of Class Training	180	180	54	54	54	54	54	54
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Office Practice	Western Civilization	Psychology	Elective	On-the-job Training	Human Relations	Office Management	
No. different Subject Levels	2	2	1	1	2	1	1	
Total Hours of Class Training	180	144	54	54	108	54	54	
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	

To receive an Associate of Arts Degree student must maintain a 2. or C average

Length of Training Program four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial program recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM General Business STARTING DATE _____

Basic Subject Taught (names)	English	Accounting	Economics	Introduction to Business	Business Law	Math	2nd year elective	Psychology
No. different Subject Levels	2	2	2	1	2			1
Total Hours of Class Training	180	108	108	54	108			54
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Business Finance	Business Statistics	Government	Related Training	On-the-job Training	Human Rela. in Business	Money & Banking	
No. different Subject Levels	1	1	2	2	2	1	1	
Total Hours of Class Training	54	54	108	108	108	54	54	
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	

Length of Training Program Four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High School secretarial programs recommended

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Distributive Occupations STARTING DATE Spring and Fall
(retailing)

Basic Subject Taught (names)	English	Accounting	Business Law	Economics	Introduction to Business		
No. different Subject Levels	2	2	2	2	1		
Total Hours of Class Training	180	108	108	108	54		
Minimum Requirement to Receive Credit	D	D	D	D	D		

Basic Subject Taught (names)	Salesman-ship	Marketing	Business Statistics	Related Training	On-the-job Training	Human Rela. in Business	Advertising	Psychology
No. different Subject Levels	1	1	1	2	2	1	1	1
Total Hours of Class Training	54	54	54	108	108	54	54	54
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

To receive an Associate of Arts Degree student must maintain a 2. or C average

Length of Training Program four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Accounting & Finance

STARTING DATE Spring and Fall

Basic Subject Taught (names)	English	Accounting	Economics	Government	Introduction to Business	Math	2nd year elective	Intermediate Accounting
No. different Subject Levels	2	2	2	2	1	1	1	2
Total Hours of Class Training	180	108	108	108	54	54	54	108
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Business Finance	Income Tax Accounting	Business Law	Money & Banking	Human Rela. in Business	Business Statistics	On-the-job Training	
No. different Subject Levels	1	1	2	1	1	1	2	
Total Hours of Class Training	54	54	108	54	54	54	108	
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	

Length of Training Program Four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Legal Secretary STARTING DATE Spring and Fall

Basic Subject Taught (names)	English	Shorthand	Typing	Government	Accounting	Elective	Business Law	Legal Terminology
No. different Subject Levels	2	2	2	2	1	1	2	2
Total Hours of Class Training	180	144	180	108	54	54	108	108
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Gen. Office Procedures	Economic Survey	Office Management	On-the-job Training				
No. different Subject Levels	2	1	1	2				
Total Hours of Class Training	180	54	54	108				
Minimum Requirement to Receive Credit	D	D	D	D				

To receive an Associate in Arts Degree student must maintain a 2. or C average

Length of Training Program Four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM General Secretary STARTING DATE Spring and Fall

Basic Subject Taught (names)	English	Introduction to Business	Shorthand	Typing	Accounting	Basic Math	Elective	Secretarial Practice
No. different Subject Levels	2	1	2	2	1	1	2	2
Total Hours of Class Training	180	108	144	180	54	54	108	180
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Economic Survey	Western Civilization	Office Management	Elective				
No. different Subject Levels	1	2	1	2				
Total Hours of Class Training	54	144	54	108				
Minimum Requirement to Receive Credit	D	D	D	D				

Length of Training Program Four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area II - North Iowa Community College

PROGRAM Medical Secretary STARTING DATE Spring and Fall

Basic Subject Taught (names)	English	General Biology	Shorthand	Basic Math	Typing	Psychology	Anatomay & Physiology	Medical Terminology
No. different Subject Levels	2	2	2	1	2	1	2	2
Total Hours of Class Training	180	144	144	54	180	54	144	108
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)	Western Civilization	Medical Secretary						
No. different Subject Levels	2	2						
Total Hours of Class Training	144	180						
Minimum Requirement to Receive Credit	D	D						

Length of Training Program Four semesters Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$100 Materials _____ Equipment _____

Pre-requisite courses required High School secretarial programs recommended

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

Area III - Area Community College
 SPECIALIZED SCHOOL NAME Emmetsburg Community College
 Street 10th Palmer Street
 City Emmetsburg, Iowa 50536

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 852-2966 Area Code _____ Administrator Dean E. L. Holst
 Sponsor or Owner Independent School District--Public Junior College
 School Accredited by Iowa State Department of Public Instruction and Veterans Administration
 Application for admission mailed to: Name Dean Office Title Dean
 Fee required with enrollment application: Amount 0--none Refundable: Yes ? No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent X To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September 5 & January 26 (start of each semester)
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Dean E. L. Holst Address Emmetsburg Comm. College
 Prospective Students: Mr. William Patton Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When ACT Test--whenever given
 By whom tested various approved test centers Position _____
 Personal interview required: Yes X No _____ When anytime before entering classes
 By whom tested Dean E. L. Holst Position Dean
 Graduate placement service: Yes X No _____ Person or agency responsible _____
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Dean E. L. Holst--college work-study program
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 80 % School owned * % YMCA/YWCA 0 % Private home 20 %
 Public facilities 0 % Private rooming house 0 % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship X Other grants
 Monthly room and board cost: room \$25---board \$60 Admission Fee: none yet established
 Application for financial aid required: Yes X No _____ Deadline Date May 1---scholarships
 Director of financial aid Dean E. L. Holst
 Tuition refund policy and schedule end of 2 weeks--80% refundable; 3rd week--70%; 4th week--60%;
5th week--50%; 6th week--40%; no refund thereafter

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X--not required 39

* Will have mens dorm available beginning fall 1966-67

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Secretarial Science

STARTING DATE Beginning each semester

Basic Subject Taught (names)	English	Type	Shorthand	Math	Account	Filing	Bus. Mach.	Sec. Procedures
No. different Subject Levels	2	4	4	2	2	1	2	1
Total Hours of Class Training	6 S. H.	12 S. H.	12 S. H.	6 S. H.	10 S. H.	2 S. H.	3 S. H.	3 S. H.
Minimum Requirement to Receive Credit			Passing Grades					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 30 students

Average Enrollment: Men 5 Women 15 1st Term Students 10 Other Than 1st Term Students 10

No. of Students aged: 19 or under 11 20-24 4 25-29 2 30 or over 3

Tuition: Total \$250 yr. (non-res) Monthly Basis none Payment Plan 3 payments sem.

Other Fees \$10 Books \$25 approx. Materials none Equipment \$4 yr.

Pre-requisite courses required High School diploma or equivalent

Specific Pre-requisite Courses recommended any business or secretarial courses in high school

Pre-enrollment or Placement test: Yes X No Tests Used ACT used

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Business Management

STARTING DATE Beginning each semester

Basic Subject Taught (names)	English	Account	Econ.	Math	Bus. Law	Market	Retail Sale	Bus. Man.
No. different Subject Levels	2	2	2	2	1	1	1	1
Total Hours of Class Training	6 S.H.	16 S.H.	6 S.H.	8 S.H.	3 S.H.	3 S.H.	3 S.H.	3 S.H.
Minimum Requirement to Receive Credit				Passing Grades				

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 40 students

Average Enrollment: Men 28 Women 12 1st Term Students 25 Other Than 1st Term Students 15

No. of Students aged: 19 or under 34 20-24 3 25-29 2 30 or over 1

Tuition: Total \$250 yr. (non-res) Monthly Basis none Payment Plan 3 payments sem.

Other Fees \$10 Books \$25 approx. Materials none Equipment none

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended bookkeeping or other business courses

Pre-enrollment or Placement test: Yes X No Tests Used ACT

*Clerical training program also offered--one yr. course--total 33 S. H.

Area III - Area Community College
 SPECIALIZED SCHOOL NAME Estherville Junior College
 Street Seventeenth Street
 City Estherville, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 362-2605 Area Code 51334 Administrator Bruce R. Swinburne
 Sponsor or Owner _____
 School Accredited by US Office of Ed. for National Defense Stu. Loans
Department of Public Instruc., Veterans Admin., Justice Dept. for Admission of Foreign Students,
 Application for admission mailed to: Name Bruce R. Swinburne Title Stu. Per. Dir.
 Fee required with enrollment application: Amount \$10 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September & January (beginning)
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Richard Schlingen Address Estherville Junior College
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When _____
 By whom tested ACT required for academic Program Position _____
 Personal interview required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible Bruce Swinburne - Dick Schlingen
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Dean of Students or Bruce Swinburne - Dick Schlingen
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home 50 % School owned 40 % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house 10 % Other _____ %
 Financial aids available: Loans _____ Workstudy X Scholarship X Other _____
 Monthly room and board cost: \$75 month Admission Fee: \$25.00
 Application for financial aid required: Yes X No _____ Deadline Date Aug. 15
 Director of financial aid Bruce Swinburne
 Tuition refund policy and schedule first week, \$20; second through sixth week, \$10; after beginning of the seventh week,
no refunds. No refund on lab fees (amount deducted per week)

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Accounting STARTING DATE First semester each year

Basic Subject Taught (names)	Acct. 114	In. Bus.	Bus. Mach.	Eng.	Science	Math	Speech	Typing
No. different Subject Levels	5	1	1	2	1	1	1	2
Total Hours of Class Training	15 SH	3 SH	2 SH	6 SH	3 SH	3 SH	3 SH	4 SH
Minimum Requirement to Receive Credit	Passing Grades							

Basic Subject Taught (names)	Manag.	Markt.						
No. different Subject Levels	1	1						
Total Hours of Class Training	3 SH	3 SH						
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity Unlimited

Average Enrollment: Men 15 Women 10 1st Term Students 25 Other Than 1st Term Students 8

No. of Students aged: 19 or under 20 20-24 5 25-29 0 30 or over 0

Tuition: Total \$270 annual Monthly Basis arranged Payment Plan arranged

Other Fees None Books \$25-30 1 sem. Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School Bookkeeping

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Business Administrations STARTING DATE Beginning of Each Semester

Basic Subject Taught (names)	Management	Marketing	Accounting	Economics	Bus. Law	Intro. to Business	English	Business Machines
No. different Subject Levels	1	2	4	2	2	1	2	1
Total Hours of Class Training	3	5	12	6	6	3	6	2 +20 hrs
Minimum Requirement to Receive Credit	Passing Grades							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity Unlimited

Average Enrollment: Men 35 Women 5 1st Term Students 30 Other Than 1st Term Students 10

No. of Students aged: 19 or under 32 20-24 4 25-29 4 30 or over 0

Tuition: Total \$135 a Semester Monthly Basis arranged Payment Plan Yes

Other Fees None Books \$30-35 a semester Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Basic Business

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Secretarial Science

STARTING DATE Beginning of each semester

Basic Subject Taught (names)	Shorthand	Typing	English	Sec. Practice	Acct.	Bus. Law	Bus. Corres.	Bus. Mach.
No. different Subject Levels	2	3	2	1	2	2	1	1
Total Hours of Class Training	6	9	6	5	6	6	3	2 +15 hr
Minimum Requirement to Receive Credit	Passing Grades							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity No limit

Average Enrollment: Men 0 Women 23 1st Term Students 15 Other Than 1st Term Students 8

No. of Students aged: 19 or under 12 20-24 9 25-29 1 30 or over 1

Tuition: Total \$135.00 semester Monthly Basis arranged Payment Plan Yes

Other Fees \$5.00 Books \$20-25 1 sem. Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing and Shorthand

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Clerical Training STARTING DATE Beginning Each Semester

Basic Subject Taught (names)	Typing	Bus. Mach.	Bus. Correspond.	Clerical Practice	Acct.	English	Filing	Speech
No. different Subject Levels	3	1	1	1	1	2	1	1
Total Hours of Class Training	8	2	3	3	3	6	3	2
Minimum Requirement to Receive Credit	Passing Grades							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year Total Capacity 30

Average Enrollment: Men 0 Women 16 1st Term Students 16 Other Than 1st Term Students 0

No. of Students aged: 19 or under 14 20-24 1 25-29 0 30 or over 1

Tuition: Total \$135 a semester Monthly Basis arranged Payment Plan Yes

Other Fees None Books \$15-20 a semester Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Practical Nursing STARTING DATE Only in Fall 1st Semester

Basic Subject Taught (names)	Fundamentals	Body St Strat. Func.	Py & C Relat.	Nutrition	Life Span	Pediatrics	Giatics	Obstetrics
No. different Subject Levels	3	1	2	1	1	1	1	1
Total Hours of Class Training	3 or 4	68	49	34	34	30	30	30
Minimum Requirement to Receive Credit								(Clock hours)

Basic Subject Taught (names)	First Aid						
No. different Subject Levels	1						
Total Hours of Class Training	16						
Minimum Requirement to Receive Credit	(Clock hours)						

*Clinical or Hospital experience

Length of Training Program 1 year Total Capacity 16

Average Enrollment: Men 0 Women 16 1st Term Students 16 Other Than 1st Term Students 0

No. of Students aged: 19 or under 9 20-24 2 25-29 0 30 or over 5

Tuition: Total \$330 Non-Res. annual Monthly Basis None Payment Plan 5 payments of \$66.00

* Other Fees \$5.00 Books \$35.00 Materials \$30 Uniforms Equipment \$1.50

Pre-requisite courses required Math-Science

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used PACE-League of Nursing Test
 *\$20.00 to write State Board at end of program

SPECIFIC TRAINING PROGRAMS

Area III - Area Community College

PROGRAM Feed and Fertilizer * STARTING DATE Start only in Fall

Basic Subject Taught (names)	Feed and fertilizer sales techniques and humerour areas of study designed to train young men for sales of agriculture supplies, plus on the job training.						
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 18 months Total Capacity 30

Average Enrollment: Men Women 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 20-24 25-29 30 or over

Tuition: Total \$330 Monthly Basis arranged Payment Plan 5 payments of \$66.00

Other Fees Books Materials Equipment

Pre-requisite courses required None High School Diploma or Equivalent

Specific Pre-requisite Courses recommended High School Science and Math

Pre-enrollment or Placement test: Yes No Tests Used

*To be Proposed for fall 1966

SPECIALIZED SCHOOL NAME Iowa Lakes Community College (Arts & Science Campus)ADDRESS Estherville, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Business Administration Starting Date(s) 1st semester each year

Basic Subject Taught (names)	Intro. to Business	Account. Prin.	Salesman-ship	Business Law	Marketing	Management	Advertising	Economics
No. different Subject Levels	1	2	1	2	1	1	1	2
Total Hours of Class Training	3 s.h.	6 s.h.	2 s.h.	6 s.h.	3 s.h.	3 s.h.	2 s.h.	6 s.h.
Minimum Requirement to Receive Credit				Passing Grades				

Total 60 s. h. for graduation

Basic Subject Taught (names)	English	Math	Science	Social Science	Speech			
No. different Subject Levels	2	1	2	2	1			
Total Hours of Class Training	6 s.h.	3 s.h.	7-8 s.h.	6-8 s.h.	2 s.h.			
Minimum Requirement to Receive Credit				Passing Grades				

Length of Training Program 4 semesters Average Enrollment: Men 38 Women 2 Total Capacity unlimitedNo. of Students aged: 19 or under 32 20-24 4 25-29 3 30 or over 1Tuition: Total \$135.00 per semester Monthly Basis arranged Payment Plan arrangedBooks \$35.00 per semester Materials General school Equipment none Other Required Costs Ave. fees \$10.00 per sem.Estimated minimum total cost to complete program \$ \$450.00 exclusive of board and roomHigh School Diploma Required: Yes X No (or 21 years of age and acceptable scores on the G.E.D. test)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended High SchoolPre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Iowa Lakes Community College (Arts & Science Campus)ADDRESS Estherville, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Secretarial Science Degree Starting Date(s) 1st semester each year

Basic Subject Taught (names)	Shorthand	Typing	Business Machines	Business Law	Accounting Office Techniques	Secretarial Proc.	Business Correspondence
No. different Subject Levels	2	2	1	1	2	1	1
Total Hours of Class Training	7 s.h.	6 s. h.	2 s. h.	3 s. h.	6 s. h.	3 s. h.	3 s.h.
Minimum Requirement to Receive Credit				Passing Grades			

Total of 60 s. h. for graduation

Basic Subject Taught (names)	English	Social Science	Math	Speech	Science		Intro. to Business
No. different Subject Levels	2	2	1	1	2		1
Total Hours of Class Training	6 s.h.	6 s.h.	3 s.h.	2 s.h.	7-8 s.h.		3 s.h.
Minimum Requirement to Receive Credit				Passing Grades			

Length of Training Program 4 semesters Average Enrollment: Men 0 Women 30 Total Capacity no limitNo. of Students aged: 19 or under 25 20-24 3 25-29 2 30 or over _____Tuition: Total \$270.00 per year Monthly Basis arranged Payment Plan arranged

supplies

 Books \$35.00 per semester Materials General school Equipment none Other Required Costs Ave. fees \$10. per sem
Estimated minimum total cost to complete program \$ \$450.00 exclusive of board and room costsHigh School Diploma Required: Yes X No _____ (or 21 years of age and acceptable scores on the G. E. D. test)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended Typing and ShorthandPre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Lakes Community College-(Arts and Sciences Campus)

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ADDRESS Estherville, IowaSpecific Training Program ClericalStarting Date(s) 1st semester each year

Basic Subject Taught (names)	Typing	Office Techniques	Accounting	Business Machines	Business Correspondence		
No. different Subject Levels	3	1	3	1			
Total Hours of Class Training	6 s.h.	3 s.h.	3 s.h.	2 s.h.			
Minimum Requirement to Receive Credit	- -	- - - -	- - - -	- - - -	- - - -	- - - -	- - -

30 s.h. needed for a certificate

Basic Subject Taught (names)	English	Math					
No. different Subject Levels	2	1					
Total Hours of Class Training	3 s.h.	3 s.h.					
Minimum Requirement to Receive Credit	- - -	- - - -	- - - -	- - - -	- - - -	- - - -	- -

Length of Training Program 1 academic year Average Enrollment: Men 2 Women 20 Total Capacity 30No. of Students aged: 19 or under 20 20-24 0 25-29 2 30 or over Tuition: Total \$135. per semester Monthly Basis arranged Payment Plan Yes

supplies

Books \$35. per semester Materials Gen. school Equipment none Other Required Costs ave. fees \$10.00 per sem.

Estimated minimum total cost to complete program \$ 360.00 (exclusive of board and room costs)High School Diploma Required: Yes X No (or 21 years of age and acceptable scores on the G.E.D. test)Pre-requisite courses required noneSpecific Pre-requisite Courses recommended TypingPre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Iowa Lakes Community College, Merged Area III

ADDRESS 302 1/2 South 6th Street, Estherville, Iowa

Specific Training Program Office Starting Date(s) August 30, 1967

Basic Subject Taught (names)	On the job Training	Office Techniques	Accounting	Office Education
No. different Subject Levels	1	1	1	1
Total Hours of Class Training	540	54	54	360
Minimum Requirement to Receive Credit	All	All	All	All

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program 9 Months Average Enrollment: Men _____ Women 19 Total Capacity 24

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis Arranged Payment Plan Yes

Books \$20.85 Materials _____ Equipment _____ Other Required Costs \$35.00

Estimated minimum total cost to complete program \$ \$255.00

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Lakes Community College

ADDRESS 302 1/2 South 6th Street

Specific Training Program Feeds & Fertilizers (Cont.) Starting Date(s) _____

Basic Subject Taught (names)	Agri-Processing	Livestock Rations	Agri-Supply & Chemicals	Physical Facilities	Grain Marketing & Management
No. different Subject Levels	1	1	1	1	1
Total Hours of Class Training	38	48	50	24	27
Minimum Requirement to Receive Credit	All	All	All		All

Basic Subject Taught (names)	Applied Nutrition	Animal & Management	Ag. Econ.	Agri-Bus. Management	Related Skills	Salesman-ship	Adver-tising	Accounting
No. different Subject Levels		1	1	5	5	5	5	5
Total Hours of Class Training		72	50	36	35	28	27	21
Minimum Requirement to Receive Credit		All	All	All	All	All	All	All

Length of Training Program _____ Average Enrollment: Men _____ Women _____ Total Capacity _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Books _____ Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME IOWA LAKES COMMUNITY COLLEGEADDRESS 302½ South 6th Street Estherville, IowaSpecific Training Program Practical Nurse Education Starting Date(s) August 30, 1967

Term I

Class

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Nursing Care I	Body Structure	Nutrition	Life Span	Personal & Voc. Relat.	Hosp. Exp.	Maternity Care	Maternity Care in Hosp.
1	1	1	1	1	1	1	1
218	68	34	34	34	88	30	100
All	All	All	All	All	All	All	All

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Class Care of Children	Hosp. Care of Children	Class Care of Aged	Hosp. Care of Aged	Class Medical & Surgical	Hosp. Medical & Surgical	First Aid	Vocational & Community Relations
1	1	1	1	1	1	1	1
30	100	30	100	84	280	15	15
All	All	All	All	All	All	All	All

Length of Training Program 1 Year Average Enrollment: Men 0 Women 18 Total Capacity 18

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$ 240.00 Monthly Basis Arranged Payment Plan YesBooks \$35.00 Materials \$30.00 Uniforms \$1.50 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____Pre-requisite courses required Math & Science

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Pace-League of Nursing Test

SPECIALIZED SCHOOL NAME IOWA LAKES COMMUNITY COLLEGEADDRESS 302½ South 6th StreetSpecific Training Program Feeds & Fertilizers Starting Date(s) August 30, 1967

Basic Subject Taught (names)	Agronomy	Animal Nutrition	Feeds	Soil & Soil Characteristics	Soil Fertility & Seeds	Animal Science
No. different Subject Levels	1	1	1	1	1	1
Total Hours of Class Training	35	29	30	40	53	53
Minimum Requirement to Receive Credit	All	All	All	All	All	All

Basic Subject Taught (names)	Plant Nutrition & Growth	Farm Credit	Physics & Chemistry	Crop Management	Agri-Supply & Chemicals	Fertilizers
No. different Subject Levels	1	1	1	1	1	1
Total Hours of Class Training	54	29	37	50	54	24
Minimum Requirement to Receive Credit	All	All	All	All	All	All

Length of Training Program 21 Months Average Enrollment: Men 29 Women _____ Total Capacity 29No. of Students aged: 19 or under 21 20-24 8 25-29 _____ 30 or over _____Tuition: Total \$460.00 Monthly Basis Arranged Payment Plan YesBooks \$40.00 - \$50.00 Materials None Equipment None Other Required Costs NoneEstimated minimum total cost to complete program \$ \$500.00High School Diploma Required: Yes X No _____Pre-requisite courses required High School Diploma or Equivalence

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Lakes Community College
 Street Arts and Science Campus - 17th St.
 City Estherville, Iowa 51334
 ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Doyle O. Carpenter Area Code 1-712 Telephone 362-2601
 Sponsor or Owner Merged Area III, Counties of Emmet, Kossuth, Palo Alto, Clay, Dickinson
 School Accredited by Dept. of Public Instruction, Veterans Admin, U.S. Office of Ed. for NDEA
 Application and information secured from: Name Arnold J. Menning Title Director of Admissions
 Application for admission submitted to: Name Arnold J. Menning Title Director of Admissions
 Admission Fee: \$ 10.00 Is the fee applied toward tuition and other charges: Yes ☒ No ☐
 Fee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes ☒ No ☐
 Notification of acceptance: To student ☒ To parent ☐ To high school ☐
 High school transcript required: Yes ☒ No ☐ High School recommendation: Requested ☒ Required ☐
 School visitation: Recommended ☒ Required ☐ Includes: Parents ☒ Students ☒ Counselors ☒
 Persons responsible for contacting Arnold J. Menning Address Arts & Science Campus-Iowa Lakes
Carl Johnson Address Community College-Estherville, Iowa
 prospective students;
 Compensated by: Straight Salary ☒ Commission ☐ Salary plus commission ☐
 Entrance Testing required: Yes ☒ No ☐ When Scores desired before scheduling of classes
 By whom tested ACT for academic programs Position ☐
 Interview conducted by: Counselors Position ☐
 When: Freshman-summer registration and counseling clinic
 Graduate placement service: Yes ☒ No ☐ Person or agency responsible Student personnel office-Arnold J. Menning
 Student, part time work, placement service: Yes ☒ No ☐
 Person or agency responsible Student Personnel office-Arnold J. Menning
 First term progress report sent to: Parents ☒ Students ☐ High School ☒ Other ☐
 Students live: At home 57 % School owned 0 % YMCA/YWCA 0 % Private home ☐ %
 Public facilities 33Dorm % Private rooming house 10 % Other 0 %
 Average ~~monthly~~ room and board cost: at dorm-\$360.00 per semester
 Financial aids available: Institutional Loans \$ NDEA 200-600 Workstudy \$ 200-600 Scholarship \$ no school some private Grants \$ 200-500
 Application for financial aid submitted to (person): Richard Finnestad Deadline date for financial aid May 1
 Tuition refund policy and schedule First week \$20.00 retained, 2nd through 6th week \$10.00 retained by college; after 7th week, no refunds; no refunds on Lab fees

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes ☒ No ☐

SPECIALIZED SCHOOL NAME Iowa Lakes Community College-(Arts and Science Campus)ADDRESS Estherville, IowaSpecific Training Program Accounting Starting Date(s) 1st sem. each year

Basic Subject Taught (names)	Acct.Prin.	Intro to Business	Business Law	Marketing Management	English	Science	Speech
No. different Subject Levels	4	1	2	1	1	2	2
Total Hours of Class Training	12 s.h.	3 s.h.	6 s.h.	3 s.h.	3 s.h.	6 s.h.	7-8 s.h.
Minimum Requirement to Receive Credit	- -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -
Total of 60 s.h. for graduation							

Basic Subject Taught (names)	Math	Social Science	Economics				
No. different Subject Levels	1	2	2				
Total Hours of Class Training	3 s.h.	6-8- s.h.	6 s.h.				
Minimum Requirement to Receive Credit	- - - -	- - - - -	- - - - -	- - - -	- - - - -	- - - - -	- - - - -
- - - - - Passing Grades - - - - -							

Length of Training Program 4 semesters Average Enrollment: Men 25 Women 10 Total Capacity unlimitedNo. of Students aged: 19 or under 18 20-24 4 25-29 2 30 or over 1Tuition: Total \$270. per year Monthly Basis arranged Payment Plan arrangedBooks \$35. per sem. Materials Gen. school Equipment none Other Required Costs Ave. fees \$10. per sem.Estimated minimum total cost to complete program \$ 450.00 exclusive of board and roomHigh School Diploma Required: Yes x No or 21 years old and acceptable score on the G.E.D. testPre-requisite courses required noneSpecific Pre-requisite Courses recommended High school bookkeepingPre-enrollment or Placement test: Yes x No Tests Used

SPECIALIZED SCHOOL NAME Area IV - Northwest Iowa Vocational SchoolStreet 420 Ninth StreetCity Sheldon, Iowa 51201

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 324-2587 Area Code 712 Administrator Ralph BorresonSponsor or Owner Merged Area IVSchool Accredited by State Board of Public InstructionApplication for admission mailed to: Name Robert A. Saint-Clair Title Director of Voc. Tech. EducationFee required with enrollment application: Amount \$5.00 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: Around August 29 each yearSchool visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____Persons responsible for contacting Robert A. St. Clair Address 420 Ninth Street, Sheldon

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When _____By whom tested Robert A. St. Clair Position DirectorGraduate placement service: Yes X No _____ Person or agency responsible Director and Iowa Employment ServiceStudent, part time work, placement service: Yes X No _____Person or agency responsible DirectorFirst term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home 75 % School owned _____ % YMCA/YWCA _____ % Private home 25 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans Bank Workstudy X Scholarship None Other _____

Monthly room and board cost: _____ Admission Fee: _____

Application for financial aid required: Yes _____ No X Deadline Date _____

Director of financial aid _____

Tuition refund policy and schedule 1st week 9/10; 2nd week 8/10; 3rd week 7/10; etc. No refund after ninth weekHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM Refrigeration & air conditioning STARTING DATE August 29 -----

Basic Subject Taught (names)	Drawing Laboratory	Prefabrication sheet metal	on Heating fundamentals	Refrigeration fundamentals	Electrical Laboratory	Shop Practices	Controls Laboratory	Job Estimating
No. different Subject Levels	Post H.S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.
Total Hours of Class Training	240	180	90	90	180	360	180	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

SUMMARY

Basic Subject Taught (names)	Customer Relations	Installation Practices			Classroom	300 hours	18%	
No. different Subject Levels	P. H. S.	P. H. S.			Laboratory	540 hours	32%	
Total Hours of Class Training	60	240			Shop	840 hours	50%	
Minimum Requirement to Receive Credit	all	all			Total Class Hours	1680		

Length of Training Program 48 weeks Total Capacity 15

Average Enrollment: Men 11 Women 0 1st Term Students 11 Other Than 1st Term Students _____

No. of Students aged: 19 or under 7 20-24 _____ 25-29 1 30 or over 3

Tuition: Total \$200.00 Monthly Basis no Payment Plan Due on registration

Under 21 and not H. S. graduate tuition free if accepted. Out-of-state \$600.00

Other Fees \$20.00 books and materials _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended H. S. Algebra, science, industrial arts

Pre-enrollment or Placement test: Yes _____ No X Tests Used Interview

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM Auto mechanics STARTING DATE August 29

Basic Subject Taught (names)	Fundamentals	Engines	Fuel Systems	Electrical	Test Equipment	Suspensions systems	Brake Systems	Clutch & Drive Line
No. different Subject Levels	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.
Total Hours of Class Training	9	150	105	276	45	75	90	15
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Trans- missions	Differ- entials	Ventilation Systems	Body Service				
No. different Subject Levels	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.				
Total Hours of Class Training	195	60	30	30				
Minimum Requirement to Receive Credit						Total 1080 hours		

Length of Training Program 72 weeks Total Capacity _____

Average Enrollment: Men 48 Women 0 1st Term Students 24 Other Than 1st Term Students 24

No. of Students aged: 19 or under 36 20-24 12 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis no Payment Plan no

Under 21 and not H. S. graduate tuition free. Out of state \$600.00

Other Fees \$20.00 Books None Materials None Equipment None

Pre-requisite courses required Sophomore year completed

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM Auto Body Repair STARTING DATE August 29

Basic Subject Taught (names)	Welding	Sheet metal Repaired	Installation	Frame repair	Refinishing	Shop Management		
	H. S.	H. S.	H. S.	H. S.	H. S.	H. S.		
No. different Subject Levels	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.		
Total Hours of Class Training	105	420	240	60	225	30		
Minimum Requirement to Receive Credit	all	all	all	all	all	all	Total 1080	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 72 weeks Total Capacity 36

Average Enrollment: Men 36 Women _____ 1st Term Students 22 Other Than 1st Term Students 14

No. of Students aged: 19 or under 34 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis No Payment Plan No

Non-high school graduate free tuition. P. H. S. due on registration

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required Sophomore year completed

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM Power Lineman

STARTING DATE

February

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement to Receive Credit

Field Practice	Industrial Relations	First Aid	Math Review	Elementary Electives	Blueprint Fund.	Rigging	Line Construction
P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.
960	10	30	20	50	60	30	200
all	all	all	all	all	all	all	all

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement to Receive Credit

Trans- formers	Transmission Distribution	Sub- Stations					
P. H. S.	P. H. S.	P. H. S.					
30	20	30					
all	all	all		Total hours 1440			

Length of Training Program 48 weeks

Total Capacity 20

Average Enrollment: Men 20

Women

1st Term Students _____ 20

Other Than 1st Term Students

No. of Students aged: 19 or under 20

20-24

25-29

30 or over.

Tuition: Total \$200.00

Monthly Basis No

Payment Plan _____ No. _____

Out of state tuition \$600.00

Other Fees \$5.00

Books \$20.00

Materials None

Lineman's tools
Equipment ~~\$125.00~~

Pre-requisite courses required H. S. graduate

Specific Pre-requisite Courses recommended algebra, science

Pre-enrollment or Placement test: Yes X No

Tests Used Otis - ISFS B-418 Physical examination

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM Welding STARTING DATE _____

Basic Subject Taught (names)	Shielded arc welding	Inert gas welding	Gas Oxy. Acet.	Brazing Soldering	Hand Surfacing	Cutting		
No. different Subject Levels	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.	H. S. P. H. S.		
Total Hours of Class Training	450	90	345	90	15	90		
Minimum Requirement to Receive Credit	all	all	all	all	all	all		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 72 weeks Total Capacity 32

Average Enrollment: Men 32 Women _____ 1st Term Students 16 Other Than 1st Term Students 16

No. of Students aged: 19 or under 24 20-24 12 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis no Payment Plan no

Under grads under 21 tuition free - Out of state \$600.00

Other Fees \$20.00 Books No Materials No Equipment No

Pre-requisite courses required Sophomore year completed

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM O. E. Clerical, Accounting STARTING DATE August 29

Basic Subject Taught (names)	Accounting Principles	Business Correspond.	Clerical Office Prac.	Occupational Relations	Field Experience	Business Math		
No. different Subject Levels	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.		
Total Hours of Class Training	180	67	192	105	540	68		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 18

Average Enrollment: Men 5 Women 12 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 16 20-24 _____ 25-29 _____ 30 or over 1

Tuition: Total \$200.00 Monthly Basis No Payment Plan No

Other Fees \$30.00 Books _____ Materials _____ Equipment _____

Pre-requisite courses required One year bookkeeping one year typing or equivalent

Specific Pre-requisite Courses recommended Bookkeeping, typing, office procedures, general business, business law

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IV - Northwest Iowa Vocational School

PROGRAM O. E. Secretarial STARTING DATE August 29

Basic Subject Taught (names)	Shorthand	Business Correspond.	Business Math	Clerical Problems	Occupational Relations	Field Training		
No. different Subject Levels	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.	P. H. S.		
Total Hours of Class Training	180	67	68	192	105	540		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 18

Average Enrollment: Men _____ Women 16 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 16 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200.00 Monthly Basis No Payment Plan No

Other Fees \$30.00 Books _____ Materials _____ Equipment _____

Pre-requisite courses required One year shorthand one year typing or equivalent

Specific Pre-requisite Courses recommended Secretarial or clerical procedures, business law, general business typing

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Northwest Iowa Vocational SchoolADDRESS 420 Ninth St. Sheldon, Iowa 51201Specific Training Program Carpentry Starting Date(s) September 5, 19

Basic Subject Taught (names)	Principles of Carpentry	Carpentry Math	Commun. Skills	Shop Practices	Blue Print Reading	Organ. Const. Ind.	Planning A Job	Related
No. different Subject Levels	4	2	1	4	1	1	1	1
Total Hours of Class Training	240	120	60	240	60	60	60	60
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Supplies Materials						
No. different Subject Levels	1						
Total Hours of Class Training	60						
Minimum Requirement to Receive Credit							

Length of Training Program 4 Quarters (48 weeks) Average Enrollment: Men 12 Women _____ Total Capacity 24

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

tuition for adults & high school graduates is \$50 per quarter, due on the first day of
each quarter. \$25 pre-registration fee credited toward tuition.

Books \$30 Materials _____ Equipment _____ Other Required costs ToolsEstimated minimum total cost to complete program \$ \$230High School Diploma Required: Yes _____ No XPre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Northwest Iowa Vocational SchoolADDRESS 420 Ninth St. Sheldon, Iowa 51201Specific Training Program Mechanical Technology Starting Date(s) September 5, 1967

Basic Subject Taught (names)	Technical Drafting	Technical Math	Communication Skills	Vehicle & Machine	Int. Comb. Engines	Metal Machining	Welding	Statics Dynamics
No. different Subject Levels	2	5	3	1	1	1	1	1
Total Hours of Class Training	192	180	108	180	180	180	180	60
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Elements of Machine Design	Design Problems	Mechanics & Strength of Materials	Fluid Power	Electricity & Electronics	Prototype Develop.	Prototype Construct.
No. different Subject Levels	1	4	1	1	1	1	1
Total Hours of Class Training	96	720	96	96	96	180	180
Minimum Requirement to Receive Credit							

Length of Training Program 8 Quarters (96 Weeks) Average Enrollment: Men 10 Women _____ Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 (non-resident \$300) Monthly Basis _____ Payment Plan Quarterly

tuition for adults & high school graduates is \$50 per quarter, due on the first day of
each quarter. A \$25 pre-registration fee credited toward tuition.

Books _____ Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ \$230 per yearHigh School Diploma Required: Yes X No _____ or equivalencyPre-requisite courses required Recommended mathematics and scienceSpecific Pre-requisite Courses recommended Recommended mathematics and sciencePre-enrollment or Placement test: Yes X No _____ Tests Used GATB, Lankton First Year Algebra; Otis Intelligence

Area V - Area Community College
 SPECIALIZED SCHOOL NAME Eagle Grove Junior College
 Street 315 N. Iowa
 City Eagle Grove, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 448-4197 Area Code 515 Administrator Carl E. Thorson, Dean
 Sponsor or Owner Eagle Grove Community School District
 School Accredited by *Iowa State Department of Public Instruction *U. S. Office of Education
*Iowa Committee on Secondary *School and College Relations
 Application for admission mailed to: Name Carl E. Thorson Title Dean
 Fee required with enrollment application: Amount _____ Refundable: Yes _____ No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: August 29, 1966 and January 16, 1967
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Harvey Martin, Field Representative Address 16 Spruce Drive
 Prospective Students: Carl E. Thorson, Dean Address 208 Fort
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Preferred Prior to Matriculation
 By whom tested Richard H. Dyas Position Director of Guidance
 Personal interview required: Yes X No _____ When Prior to Matriculation
 By whom tested Carl E. Thorson or Harvey Martin Position Dean-Field Representative
 Graduate placement service: Yes X No _____ Person or agency responsible Office of the Dean
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Office of the Dean
 First term progress report sent to: Parents only D & F students Students X High School On request Other _____
 Students live: At home 70 % School owned _____ % YMCA/YWCA _____ % Private home 25 %
 Public facilities _____ % Private rooming house 5 % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship X Other Grants-in-Aid
 Monthly room and board cost: \$50 - \$60 per month Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date July 1st
 Director of financial aid Dean Carl E. Thorson
 Tuition refund policy and schedule First two weeks 80%; 3rd week 70%; 4th week 60%; 5th week 50%; 6th week 40%; 7th week 30%;
8th week 20%; 9 week 10%; No refund after the ninth week. No refund for activity fee, book rental or
lab fees.

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Business Administration STARTING DATE August 29

Basic Subject Taught (names)	Accounting	Economics	Intro. to Business	Bus. Law	Math	Office Management		
No. different Subject Levels	2	2	1	1	3	2		
Total Hours of Class Training	144/5 sh	108/5 sh	54/3 sh	54/3 sh	216/12 sh	108/6 sh	Top figure indicates actual classroom hours.	
Minimum Requirement to Receive Credit	-----passing grade in the course-----						Bottom one is semester hours (sh) credit.	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 18 months Total Capacity 40

Average Enrollment: Men 15 Women 5 1st Term Students 10 Other Than 1st Term Students 10

No. of Students aged: 19 or under 10 20-24 5 25-29 5 30 or over _____

Tuition: Total \$90/sem. for resident of District. Monthly Basis \$105/sem for non-resident Payment Plan ten weekly installments
each semester with no carrying charge.

Other Fees \$10/sem Activity Books Rental of \$7.50/sem Materials _____ Equipment _____

Pre-requisite courses required High school graduation or equivalency

Specific Pre-requisite Courses recommended High school business courses

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Machine Shop

STARTING DATE August 29

Basic Subject Taught (names)	Eng. Draw	Eng. Prob	Mach Shop	Metal Casting	Metal Fabrication	Tool Eng	Tech Draft	Power Mech
No. different Subject Levels	2	2	4	1	1	2	2	1
Total Hours of Class Training	252/6 sh	108/2 sh	612/12 sh	108/2 sh	108/2 sh	216/4 sh	216/6 sh	108/3 sh
Minimum Requirement to Receive Credit	- - - -	- - - -	- Passing grade in the course - - -			- - - -	- - - -	- - - -

Basic Subject Taught (names)	Technology of small motors and refrigeration						
No. different Subject Levels	2						
Total Hours of Class Training	216/6 sh						
Minimum Requirement to Receive Credit							

Length of Training Program 9-18 months Total Capacity 20

Average Enrollment: Men 15 Women 1st Term Students 10 Other Than 1st Term Students 5

No. of Students aged: 19 or under 12 20-24 3 25-29 30 or over

Tuition: Total \$90/sem for residents of our district; Monthly Basis \$105/sem for non-residents Payment Plan 10 weekly installments
each semester with no carrying charges

Other Fees \$10/sem Activity Books \$7.50/sem rental Materials \$2 - \$9 sem Equipment

Pre-requisite courses required High school graduation or equivalency

Specific Pre-requisite Courses recommended Industrial arts or vocational courses, and mathematics

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Clerical & Secretarial STARTING DATE August 29

Basic Subject Taught (names)	Clerical Off Prac	Shorthand	Filing	Typing	Bus Mach	Office Management	Accounting	Bus. Law
No. different Subject Levels	1	4	1	3	1	2	2	1
Total Hours of Class Training	90/3 sh	360/16 sh	72/3sh	288/ 8 sh	108/3sh	108/6 sh	144/6 sh	54/3 sh
Minimum Requirement to Receive Credit	- - - -	- - - -	- - - -	Passing grade in the course- - - -				- - - -

Basic Subject Taught (names)	Bus Math	Intro to Business					
No. different Subject Levels	1	2					
Total Hours of Class Training	36/2 sh	108/6 sh					
Minimum Requirement to Receive Credit							

Length of Training Program 9 - 18 months Total Capacity 20

Average Enrollment: Men 6 Women 14 1st Term Students 15 Other Than 1st Term Students 5

No. of Students aged: 19 or under 15 20-24 4 25-29 1 30 or over

Tuition: Total \$90/sem for resident of our District; Monthly Basis \$105/sem for non-resident Payment Plan 10 weekly installments
each semester with no carrying charges

Other Fees \$10 sem Activity Books \$7.50/sem rental Materials Equipment

Pre-requisite courses required high school graduation or certificate of equivalency

Specific Pre-requisite Courses recommended Basic high school business courses desired

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Drafting

STARTING DATE August 29

Basic Subject Taught (names)	Tech Draft	Mach Shop	Eng Draw	Arch Draw	Eng Prob	Tool Eng	Math	
No. different Subject Levels	2	3	2	2	2	2	4	
Total Hours of Class Training	216/6 sh	486/9 sh	252/6 sh	252/6 sh	108/2 sh	216/ 4 sh	252/14 sh	
Minimum Requirement to Receive Credit	- - - - -	- - - - -	- - - - -	Passing grade in the course				- - - - -

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 9 to 18 months Total Capacity 20

Average Enrollment: Men 15 Women _____ 1st Term Students 10 Other Than 1st Term Students 5

No. of Students aged: 19 or under 13 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$90/sem for resident of our district; Monthly Basis \$105/sem for non-resident Payment Plan 10 weekly installments
each semester with no carrying charge.

Other Fees \$10/sem activity Books \$7.50/sem rental Materials \$2 - \$9 sem Equipment _____

Pre-requisite courses required high school graduation or equivalency

Specific Pre-requisite Courses recommended Machine shop, drafting and 2½ years of high school math

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

Handwritten mark

Handwritten mark

Handwritten mark

Area V - Area Community College

SPECIALIZED SCHOOL NAME Fort Dodge Community CollegeStreet 2521 10th Ave. NorthCity Fort Dodge, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 576-2671 Area Code 50501 Administrator Dean Louis R. NewshamSponsor or Owner Fort Dodge Community School DistrictSchool Accredited by Iowa State Department of Public InstructionApplication for admission mailed to: Name Director of Admissions Title SameFee required with enrollment application: Amount \$10 activity fee Refundable: Yes No XIs fee applied toward tuition and other charges: Yes No XNotification of acceptance: To student X To parent To high school X None High school transcript required: Yes X No High School recommendation: Requested X Required Dates student may begin classes: Beginning of First Semester and Beginning of Second SemesterSchool visitation: Recommended Required X Includes: Parents X Students X Counselors XPersons responsible for contacting D. E. Culbertson Address Community CollegeProspective Students: James Zech Address Community CollegeAddress Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes X No When ACT Test results required for admissionsBy whom tested ACT Testing Supervisor Position Personal interview required: Yes X No When During the summerBy whom tested College Counselors Position Graduate placement service: Yes X No Person or agency responsible College PlacementStudent, part time work, placement service: Yes X No Person or agency responsible College CounselorsFirst term progress report sent to: Parents Students X High School X Other Students live: At home 54 % School owned % YMCA/YWCA 1 % Private home 45 %Public facilities % Private rooming house % Other %Financial aids available: Loans Workstudy X Scholarship X Other Monthly room and board cost: Average Cost \$50 Admission Fee: \$10 activity feeApplication for financial aid required: Yes X No Deadline Date Director of financial aid D. E. CulbertsonTuition refund policy and schedule Students who leave college at the end of the first week or before will receive

+one-hundred per cent tuition refund. NO REFUNDS WILL BE ALLOWED AFTER FIVE SCHOOL DAYS. Refunds are based on
the date of official withdrawal.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

Begins Fall 1966

PROGRAM Executive Secretary STARTING DATE August

Basic Subject Taught (names)	Shorthand Filing	Typing Wd. Study	Off. Prod. Off. Mach.	Bus. Eng. Bus. Writ.	Acct'g Ind. Inst.	Personality Development	
No. different Subject Levels	Post-High school level -- (Based on individual student abilities) Due to the fact that persons with varied levels of achievement and skills will participate in this program the assignment of specific subject levels is not in keeping with the philosophy of program.						
Total Hours of Class Training	3 hours per day training on-the-job and 3-4 hours per day in classroom (45 weeks)						
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 11 months (45 weeks) Total Capacity 15

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$260 res. year _____ Monthly Basis _____ Payment Plan Pay per semester rate
\$270 non-res.

Other Fees \$10 activity fee Books Est. \$20 per sem. Materials _____ Equipment _____

Pre-requisite courses required Typing and shorthand

Specific Pre-requisite Courses recommended Secretarial Practice

Pre-enrollment or Placement test: Yes X No _____ Tests Used Performance and Production

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

Begins fall 1966

PROGRAM Clerical-Receptionist STARTING DATE August

Basic Subject Taught (names)	Typing Filing	Record keep. Bus. Eng.	Off Mach. Cler. Proc.	Business Writing	Personality Develop.			
No. different Subject Levels	Post - High school -- (Based on individual student needs) Due to the fact that persons with varied levels of achievement and skills will participate in this program the assignment of specific subject levels is not in keeping with the philosophy of program.							
Total Hours of Class Training	6 hours per day for maximum of 36 weeks							
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 9 months (36 weeks) Total Capacity 15 per section

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$260 Res. \$270 non res Monthly Basis _____ Payment Plan Pay per sem rate

Other Fees \$10 activity fee Books Est. \$20 per sem. Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Performance and Production

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Industrial Electronics STARTING DATE September

FRESHMAN

Basic Subject Taught (names)	Communica- tions	Tech Drawing	Electronics	Math	Report Writing	Shop Processing		
No. different Subject Levels	1	2	2	2	1	1		
Total Hours of Class Training	80	100	280	160	40	40		
Minimum Requirement to Receive Credit	80	100	280	160	40	40		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Two (2) academic years Total Capacity 40

Average Enrollment: Men 18 Women 1st Term Students 18 Other Than 1st Term Students

No. of Students aged: 19 or under 12 20-24 5 25-29 30 or over 1

Tuition: Total \$180 year Res. - \$250 year Non-Res. Monthly Basis Payment Plan Pay per semester

Other Fees Books \$25 per sem Materials \$10 average Equipment \$30 average

Pre-requisite courses required 1 year of algebra

Specific Pre-requisite Courses recommended shop courses; Adv. Math; Physics

Pre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test - Battery

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College
PROGRAM Industrial Electronics

STARTING DATE September

SOPHOMORE

	Indust. Electron	Indust. Organ	Tech. Physics	Human Relations	Research Report			
Basic Subject Taught (names)								
No. different Subject Levels	2	1	1	1	1			
Total Hours of Class Training	280	100	100	80	40			
Minimum Requirement to Receive Credit	280	100	100	80	40			

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program (SEE ABOVE) Total Capacity

Average Enrollment: Men Women 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 20-24 25-29 30 or over

Tuition: Total Monthly Basis Payment Plan

Other Fees Books Materials Equipment

Pre-requisite courses required

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No Tests Used

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Assoc. in Sc. Degree in Nursing STARTING DATE September
(Registered Nurse) FRESHMEN

Basic Subject Taught (names)	Fund of Nursing	Prin of Chemistry	Anatomy Physiology	Gen. Psychol	Communica-tion	Maternal Childcare	Human Growth	Sociology
No. different Subject Levels	1	2	2	1	1	1	1	1
Total Hours of Class Training	90	72	108	54	72	108	54	72
Minimum Requirement to Receive Credit	90	72	108	54	72	108	54	72

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years and 1 summer Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$100 sem. Res. -- \$135 sem. Non-res. Monthly Basis _____ Payment Plan Sem plan

Other Fees \$20 Books \$55 Materials \$30 Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Chemistry

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Registered Nurse STARTING DATE _____
SOPHOMORE

Basic Subject Taught (names)	Nursing	Nursing Mental Health	Micro- Biology	Nursing Trends	Communication	Electives		
No. different Subject Levels	2	1	1	1	1	--		
Total Hours of Class Training	666	108	72	36	72	108		
Minimum Requirement to Receive Credit	666	108	72	36	72	108		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program (see above) Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Automotive Mechanics

STARTING DATE September

FRESHMAN

Basic Subject Taught (names)	Fund Mechanics	Math	Fund Mech II	Communication				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	300	80	300	80				
Minimum Requirement to Receive Credit	300	80	300	80				

SOPHOMORE

Basic Subject Taught (names)	Adv. Mech I	Science	Adv. Mech II	Human Relations				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	300	100	300	100				
Minimum Requirement to Receive Credit	300	100	300	100				

Length of Training Program two academic years Total Capacity 45

Average Enrollment: Men 22 Women 1st Term Students 19 Other Than 1st Term Students 3

No. of Students aged: 19 or under 20 20-24 3 25-29 30 or over

Tuition: Total \$180 Res (year) \$250 Non-res (year) Monthly Basis Payment Plan Per semester

Other Fees Books \$25 Materials Equipment Tools \$50
Est.

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Shop courses - Math

Pre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test - Battery

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Food Marketing Management STARTING DATE Fall Term August
FRESHMAN

	Marketing	Business	Sales- manship	Retailing	Human Relations	Comm Skills	Elective	Field Experience
Basic Subject Taught (names)								
No. different Subject Levels	2	1	1	1	1	1	1	2
Total Hours of Class Training	108	54	54	54	54	72	54	144
Minimum Requirement to Receive Credit	108	54	54	54	54	72	54	144

SOPHOMORE

	Comm. Skills	Public Speaking	Mkt & Bus Management	Accounting	Retail Merch.	Sales Promotion	Food Mktg	Elective
Basic Subject Taught (names)								
No. different Subject Levels	1	1	2	2	1	1	1	1
Total Hours of Class Training	72	54	108	108	54	54	36	54
Minimum Requirement to Receive Credit	72	54	108	108	54	54	36	54

~~plus experience - field~~

Length of Training Program 2 years Total Capacity 50

Average Enrollment: Men 24 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 19 20-24 1 25-29 1 30 or over _____

Tuition: Total \$180 Res. - \$250 Non-res. per year Monthly Basis _____ Payment Plan Per semester

Other Fees _____ Books \$20 per semester Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used California Personal-Social, Ohio Psychological
Strong Vocational Interest, Detroit Sales Inventory,

SPECIFIC TRAINING PROGRAMS

Area V - Area Community College

PROGRAM Medical Assistant Program STARTING DATE September

	Pers Adj Human Rel. Med. Ethics Ethic	Human Body in Health Disease Med	Med Off Procedure Terminology	Med Off Practice O Procedure	Lab and Orient'n Procedure	Med Ass't Acct'g	Clinical exp & Eva work	Med Term and Disease
Basic Subject Taught (names)								
No. different Subject Levels	12	15	6	12	12	7	12-14 hr	1
Total Hours of Class Training	2183							
Minimum Requirement to Receive Credit	Completion of program 2183 hours							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 37 weeks Total Capacity 20

Average Enrollment: Men _____ Women 20 1st Term Students 20 Other Than 1st Term Students _____

No. of Students aged: 19 or under 17 20-24 1 25-29 1 30 or over 7

Tuition: Total \$180 Res - \$250 Non-res Yearly Basis _____ Monthly Basis _____ Payment Plan per semester

Activity \$10 semester
Other Fees Pin & Graduation \$16.45 Books \$49.50 Materials \$50.60 Equipment \$5 lab fee

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Biology - Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used CATB - ACT not required for program but consulted if taken

SPECIALIZED SCHOOL NAME Area V - Iowa Central Community College

ADDRESS 22 North 12th Street - Fort Dodge, Iowa

Specific Training Program Bricklayer Construction (Pre-Apprentice) Starting Date(s) March 27, 1967

Basic Subject Taught (names)	Orientation	Basic Math	Mortars	Trade Drawing	Blue Print Reading	Bonds & Well Types	Fastening Concrete	Concrete Construction
No. different Subject Levels								
Total Hours of Class Training				40 class hours per week				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Footings	Moisture Proofing	Estimating	Good Work-manship	Toothng Blocking	Modular Masonry	Visitation Field Trips	Work Experience
No. different Subject Levels								
Total Hours of Class Training				40 class hours per week			- (6 hours per day)	
Minimum Requirement to Receive Credit								

Plus four week on-the-job training - Bureau of Apprenticeship Training - 7 weeks pre-apprenticeship

Length of Training Program 4 week on-the-job Average Enrollment: Men _____ Women _____ Total Capacity 15 trainees

No. of Students aged: 19 or under New Program 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total None Monthly Basis _____ Payment Plan _____

Manpower Development and Training Program. Subsistence allowances for qualified students - Available from Iowa

Employment Security Commission.

Books None Materials None Equipment None Other Required Costs None

Estimated minimum total cost to complete program \$ None

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No _____ Tests Used Employment Security Commission

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Area V Iowa Central Community College

SPECIALIZED SCHOOL NAME Eagle Grove CampusStreet 317 N. W. CommercialCity Eagle Grove, Iowa

50533

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Carl E. Thorson, DeanArea Code 515Telephone 448-4723Sponsor or Owner Iowa Central Community College (Area V) DistrictSchool Accredited by Iowa State Department of Public InstructionApplication and information secured from: Name Durwood MillerTitle Registrar & Dir. of AdmissionsApplication for admission submitted to: Name Durwood MillerTitle Registrar & Dir. of Admissions

Admission Fee: \$ _____ Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting Admissions Office Address I.C.C.C. - Eagle Grove Campus, Eagle Grove, Ia.

prospective students; _____ Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When ACT (prior to admission is preferred)By whom tested ACT Test Supervisor Position Guidance & Personnel ServicesInterview conducted by: Director of Admissions or Counselor Position SameWhen: (Preferably before) or during summer orientationGraduate placement service: Yes X No _____ Person or agency responsible Richard Dyas, Guidance & PersonnelStudent, part time work, placement service: Yes X No _____Person or agency responsible Richard Dyas, Guidance & Personnel ServicesFirst term progress report sent to: Parents X Students X High School if requested Other _____Students live: At home 85 % School owned none % YMCA/YWCA none % Private home 5 %Public facilities none % Private rooming house 10 % Other -- %Average monthly room and board cost: \$80.00Financial aids available: Institutional Loans \$ X Workstudy \$ X Scholarship \$ X Grants \$ XApplication for financial aid submitted to (person): Durwood Miller, Registrar & Adm. Deadline date for financial aid _____Tuition refund policy and schedule Within one calendar week 75%; within two calendar weeks 50%; after two weeks, no refund.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIALIZED SCHOOL NAME Iowa Central Community College

ADDRESS Eagle Grove Campus, Eagle Grove, Iowa 50533

Specific Training Program Area V - Area Community College-Bus.Admin. Starting Date(s) August 29, 1967

Basic Subject Taught (names)	Accounting	Economics	Intro. to Business	Bus. Law	Math	Office Management		
No. different Subject Levels	2	2	1	1	3	2		
Total Hours of Class Training	144/5 sh	108/5 sh	54/3 sh	54/3 sh	216/12 sh	108/6 sh	Top figure indicates actual classroom hours.	
Minimum Requirement to Receive Credit	- - - - -	- - - - -	-passing grade in the course - - - - -				Bottom one is semester hours (sh) credit.	

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 18 months Average Enrollment: Men 15 Women 5 Total Capacity 40

No. of Students aged: 19 or under 10 20-24 5 25-29 5 30 or over _____

Tuition: Total \$150/sem. for residents of Iowa Monthly Basis _____ Payment Plan _____

Books Approx. \$30/sem. Materials _____ Equipment _____ Other Required Costs \$12/sem. Activity

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required High school business courses recommended ; High School graduation or equivalency required.

Specific Pre-requisite Courses recommended High school business courses

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Central Community College,

ADDRESS Eagle Grove Campus, Eagle Grove, Iowa 50533

Specific Training Program Area V-Comm. College - Drafting Starting Date(s) August 29

Basic Subject Taught (names)	Tech Draft	Mach Shop	Eng Draw	Arch Draw	Eng Prob	Tool Eng	Math	
No. different Subject Levels	2	3	2	2	2	2	4	
Total Hours of Class Training	216/6 sh	486/9 sh	252/6 sh	252/6 sh	108/2 sh	216/4 sh	252/14 sh	
Minimum Requirement to Receive Credit	- - - - -	- - - - -	- Passing grade in the course - - -			- - - - -	- - - - -	- - - - -

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 9 to 18 months Average Enrollment: Men 15 Women _____ Total Capacity 20

No. of Students aged: 19 or under 13 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$150/sem for resident of Iowa Monthly Basis _____ Payment Plan _____

Books Approx. \$30/sem. Materials \$5-15/sem. Equipment _____ Other Required Costs \$12/sem. Activity _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required high school graduation or equivalency

Specific Pre-requisite Courses recommended Machine shop, drafting and 2½ years of high school math.

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Central Community College

ADDRESS Eagle Grove Campus, Eagle Grove, Iowa 50533

Specific Training Program Area V-Area Community College Machine Shop Starting Date(s) Aug. 29, 1967

Basic Subject Taught (names)	Eng. Draw	Eng. Prob	Mach Shop	Metal Casting	Metal Fabrication	Tool Eng	Tech Draft	Power Mech
No. different Subject Levels	2	2	4	1	1	2	2	1
Total Hours of Class Training	252/6 sh	108/2 sh	612/12 sh	108/2 sh	108/2 sh	216/4 sh	216/6 sh	108/3 sh
Minimum Requirement to Receive Credit	- - - - -	- - - - -	- Passing grade in the course - - - - -					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9-18 Average Enrollment: Men 15 Women _____ Total Capacity 20

No. of Students aged: 19 or under 12 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$150/sem for residents of Iowa Monthly Basis _____ Payment Plan _____

Books Approx. \$30/sem. Materials \$5-15/sem. Equipment _____ Other Required Costs \$12/sem. Activity _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required High school graduation or equivalency

Specific Pre-requisite Courses recommended Industrial arts or vocational courses, and mathematics

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Central Community College

ADDRESS Eagle Grove Campus, Eagle Grove, Iowa 50533

Specific Training Program Area V-Area Community College Clerical & Sec Starting Date(s) August 29

Basic Subject Taught (names)	Bus Math	Intro to Business	Clerical Off Prac	Filing	Shorthand	Typing	Bus Mach	Office Management
No. different Subject Levels	1	2	1	1	4	3	1	2
Total Hours of Class Training	36/2 sh	108/6 sh	90/3 sh	72/3 sh	360/16 sh	288/8 sh	108/3 sh	108/6 sh
Minimum Requirement to Receive Credit	- - - - -	- - - - -	- - - Passing grade in the course - - - - -			- - - - -	- - - - -	- - - - -

Basic Subject Taught (names)	Accounting	Bus. Law					
No. different Subject Levels	2	1					
Total Hours of Class Training	144/6 sh	54/3 sh					
Minimum Requirement to Receive Credit							

Length of Training Program 9-18 months Average Enrollment: Men 6 Women 14 Total Capacity 20

No. of Students aged: 19 or under 15 20-24 4 25-29 1 30 or over _____

Tuition: Total \$150/sem for resident of Iowa Monthly Basis _____ Payment Plan _____

Books Approx. \$30/sem. Materials _____ Equipment _____ Other Required Costs \$12/sem. Activity

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required high school graduation or certificate of equivalency

Specific Pre-requisite Courses recommended Basic high school business courses desired

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Central Community College

Revised 4/2./67

ADDRESS 22 North 12th Street, Fort Dodge, IOWA 50501Specific Training Program Welding Starting Date(s) September & January

Basic Subject Taught (names)	A.C. & D.C. Welding	Heli Arc Welding	Automatic Wire Feed Welding	Gas Welding & Cutting	Blue Print Reading	Cost Estimating	Testing Welds	
No. different Subject Levels								
Total Hours of Class Training	389	20	50	26	45	15	25	
Minimum Requirement to Receive Credit	Completion of 570 hours of training							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 19 weeks Average Enrollment: Men 15 Women Yes Total Capacity 15

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$158.50 Monthly Basis _____ Payment Plan _____Books _____ Materials \$25.00 Equipment _____ Other Required Costs \$10=Registration 12=ActivityEstimated minimum total cost to complete program \$ \$195.50High School Diploma Required: Yes _____ No XPre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME IOWA CENTRAL COMMUNITY COLLEGE

ADDRESS Fort Dodge, Iowa

Specific Training Program Elevator and Farm Supply Management

Starting Date(s) September

Basic Subject Taught (names)	Animal Nutrition, Farm Crops Prod., Agri. Economics, Soils & Fertilizers, Seed & Grain Processing, Intro. to Elevator & Farm Supply Industry, Applied Animal Husbandry, Grain Grading					
No. different Subject Levels	(Geared to individuals in the program.)					
Total Hours of Class Training	Classroom - 960	On-the-job - 800	Total - 1760 Hours			
Minimum Requirement to Receive Credit						

Basic Subject Taught (names)	Grain Marketing, Agri. Marketing, Retail Farm Supply Mdse, Farm Elevator Management, Personnel Management, Human Relations, Elevator & Farm Supply Accounting, Financial & Credit Practices, Written & Spoken Communications, Advertising, Salesmanship, & On-the-job Training					
No. different Subject Levels	(Geared to individuals in the program.)					
Total Hours of Class Training	Classroom - 960	On-the-job - 800	Total - 1760 Hours			
Minimum Requirement to Receive Credit						

Length of Training Program 48 weeks Average Enrollment: Men -- Women -- Total Capacity 30

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$365 Monthly Basis _____ Payment Plan Pay per semester

Books Approximately \$50 Materials None Equipment None Other Required Costs Matriculation Fee - \$10
Activity Fee - \$24

Estimated minimum total cost to complete program \$450.00

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Vocational Agriculture, Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used Personal-Social

SPECIALIZED SCHOOL NAME Iowa Central Community College (Area V)

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Street 22 North 12th Street

City Fort Dodge

50501

ZIP CODE

Administrator Dr. Edwin Barbour

Area Code 515

Telephone 576-3103

Sponsor or Owner Iowa Central Community College

School Accredited by Iowa Department of Public Instruction

Application and information secured from: Name Employment Security Title _____

Application for admission submitted to: Name Master Builders & Area Vocational Department Title _____

Admission Fee: \$ none Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount _____ Is the fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student Yes To parent _____ To high school _____

High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X

Persons responsible for contacting Mr. Charles Magruder Address I.C.C.C., Fort Dodge, IOWA 50501

prospective students; Mr. Charles Magruder Address I.C.C.C., Fort Dodge, IOWA 50501

Compensated by: Straight Salary X Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When _____

By whom tested Iowa Employment Service Position _____

Interview conducted by: Jerry Dockum R. M. Toon Position _____

When: 1/29 - 2/19/68

Graduate placement service: Yes X No _____ Person or agency responsible Iowa Central Community College-Master Builders

Student, part time work, placement service: Yes _____ No X

Person or agency responsible X

First term progress report sent to: Parents _____ Students _____ High School _____ Other _____

Students live: At home _____% School owned _____% YMCA/YWCA _____% Private home 20 _____%

Public facilities 80 _____% Private rooming house _____% Other _____%

Average monthly room and board cost: \$120.00

Financial aids available: Institutional Loans \$ _____ Workstudy \$ _____ Scholarship \$ _____ Grants \$ Tuition free

Application for financial aid submitted to (person): _____ Deadline date for financial aid: _____

Tuition refund policy and schedule Tuition furnished by Master Builders

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME Iowa Central Community College (Area V)

ADDRESS 22 North 12th Street

Specific Training Program Bricklayers Training Starting Date(s) February 19, 1968

Basic Subject Taught (names)	Bricklaying -- Math, Blueprint, Steel Square, Safety, Cement & Clay Products						
No. different Subject Levels	one						
Total Hours of Class Training	240						
Minimum Requirement to Receive Credit	240						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 6 weeks Average Enrollment: Men 15 Women Total Capacity 20

No. of Students aged: 19 or under 3 20-24 9 25-29 4 30 or over

Tuition: Total Paid by Master Builders Monthly Basis ----- Payment Plan -----

Books ----- Materials ----- Equipment \$25.00 Other Required Costs -----

Estimated minimum total cost to complete program \$ \$205.00

High School Diploma Required: Yes No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used Aptitude Test Employment Service

SPECIALIZED SCHOOL NAME Area VI - Area Community College
 Street 1100 College
 City Iowa Falls, Iowa

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Telephone 648-4243 Area Code 515 Administrator _____
 Sponsor or Owner Plant owned by Ellsworth College Trustees Operated by Iowa Falls Community Schools
 School Accredited by North Central Association of Colleges and by Iowa Dept. of Public Instruction
 Application for admission mailed to: Name Duane Lloyd Title Registrar
 Fee required with enrollment application: Amount \$10.00 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September and January
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Duane Lloyd Address Ellsworth College
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When In advance of selection
 By whom tested Director of Student Personnel Position _____
 Personal interview required: Yes X No _____ When In advance of selection
 By whom tested Director of Program Applied for Position Coordinator
 Graduate placement service: Yes X No _____ Person or agency responsible Dwight L. Carlson
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Dwight Carlson, Director of Student Personnel
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 24 % School owned 21 % YMCA/YWCA _____ % Private home 55 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship X Other X
 Monthly room and board cost: \$65 - \$75 Admission Fee: None
 Application for financial aid required: Yes X No _____ Deadline Date None/April 1 for scholarships
 Director of financial aid Verle Stucker
 Tuition refund policy and schedule 90% first week; 80% second week; 70% third week; 60% fourth week; 50% fifth week; 40% sixth week; refund for any student who quits college

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Electronics-Radio-Television **STARTING DATE** September 1

Basic Subject Taught (names)	Basic Electricity	Applied Math	Applied Physics	English Composition	Basic Electronics	Antenna Systems	Electrical Drawing	Physical Education
No. different Subject Levels			2	2				2
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 66 semester hours

Basic Subject Taught (names)	Radio Circuits and service	Related appliances	Business Management	Speech	General Psychology	Employment Orientation	Salesmanship Elective	
No. different Subject Levels	2							
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 66 semester hours

Length of Training Program Two years Total Capacity 40

Average Enrollment: Men 17 Women 0 1st Term Students 17 Other Than 1st Term Students 0

No. of Students aged: 19 or under 13 20-24 4 25-29 0 30 or over 0

Tuition: Total \$500 Monthly Basis No Payment Plan No

Other Fees \$58 Books \$40 Materials \$10 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Algebra, Electricity

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest, GATB.

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM - ~~Petroleum Marketing Management~~ - **STARTING DATE** - September 1 - - - - -

Basic Subject Taught (names)	Business Salesmanship	Business Management	Business Math	Petroleum Marketing	English composition	Speech	Retailing	Social Problems
No. different Subject Levels	2			3	2			
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 67 semester hours

Basic Subject Taught (names)	Physical Education	Accounting	Psychology	Business Law	Sales Promotion			
No. different Subject Levels	2	2						
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 67 semester hours

Length of Training Program Two years Total Capacity 50

Average Enrollment: Men 50 Women 0 1st Term Students 25 Other Than 1st Term Students 25

No. of Students aged: 19 or under 44 20-24 6 25-29 0 30 or over 0

Tuition: Total \$500.00 Monthly Basis No Payment Plan No

Other Fees \$58.00 Books \$40.00 Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Distributive Education or Business

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest Bruce Test of Sales & Comprehension

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Fashion Merchandising Program STARTING DATE September 1

Basic Subject Taught (names)	Fashion Merchandising	Retailing	Business Math	Textiles	History of Fashion	English I	Speech	Costume Selection
No. different Subject Levels	3	3						
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 58 semester hours

Basic Subject Taught (names)	Fashion Show Procedure	Fashion Design	Marriage & Family	Principles of Marketing	Business Management	Fashion Buying	Psychology	Field Experience
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 58 semester hours

Length of Training Program Two years Total Capacity 60

Average Enrollment: Men 0 Women 54 1st Term Students 30 Other Than 1st Term Students 24

No. of Students aged: 19 or under 50 20-24 4 25-29 0 30 or over 0

Tuition: Total \$500.00 Monthly Basis No Payment Plan No

Other Fees \$58.00 Books Rental \$40.00 Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Home Economics Background Distributive Education

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest Ohio St. Psychological ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM One-year Business Program STARTING DATE September 1

Basic Subject Taught (names)	Intro. to Business	Business Law	Business Math	Typing	Office Machines	Letter Writing	Secretarial Accounting	Secretarial Procedures
No. different Subject Levels				2	2			
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total semester hours 25

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program One year Total Capacity 50

Average Enrollment: Men 0 Women 48 1st Term Students 48 Other Than 1st Term Students 0

No. of Students aged: 19 or under 45 20-24 3 25-29 0 30 or over 0

Tuition: Total \$250.00 Monthly Basis No Payment Plan No

Other Fees \$35.00 Books Rental \$25.00 Materials \$5.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest, Ohio State Psychological

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Two-Year Business Education STARTING DATE September 1

Basic Subject Taught (names)	English Composition	Speech	Social Studies	Art Interpretation	Physical Science	Intro. to Business	Business Law	Electives
No. different Subject Levels	2		2					2
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total Semester hours 63

Basic Subject Taught (names)	Physical Education	Literature in History	Biology	Business Math	Typing	Business Machines	Accounting	Salesman-ship
No. different Subject Levels	2				2	2	2	
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total semester hours 63

Length of Training Program Two years Total Capacity 100

Average Enrollment: Men 70 Women 30 1st Term Students 60 Other Than 1st Term Students 40

No. of Students aged: 19 or under 85 20-24 10 25-29 5 30 or over 0

Tuition: Total \$500.00 Monthly Basis No Payment Plan No

Other Fees \$58.00 Books Rental \$40.00 Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Business Background

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest Ohio St. Psychological

SPECIFIC TRAINING PROGRAMS

Area VI -- Area Community College

PROGRAM Retail Marketing Management -- STARTING DATE September 1 -----

Basic Subject Taught (names)	English I	Intro. to Business	Sales-manship	Social Studies	Speech	Principles of Marketing	Business Math	Retailing
No. different Subject Levels		2	2					
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total semester hours 65

Basic Subject Taught (names)	Physical Education	Accounting	Economics	English II	Psychology	Business Law	Distribution Problems	Field Experience
No. different Subject Levels	2	2						
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total semester hours 65

Length of Training Program Two years Total Capacity 60

Average Enrollment: Men 60 Women 0 1st Term Students 35 Other Than 1st Term Students 25

No. of Students aged: 19 or under 54 20-24 6 25-29 0 30 or over 0

Tuition: Total \$500.00 Monthly Basis No Payment Plan No

Other Fees \$58.00 Books Rental 40.00 Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Distributive Education or Business

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Strong Vocational Interest

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Secretarial Insurance Program STARTING DATE June 14

	Office Machines	Secretarial Shorthand	Secretarial Typing	Letter Writing	Business Math	English	Secretarial Procedures	Secretarial Accounting
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Total 42 hours credit

	Field Experience in Ins. Company							
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	18 weeks							
Minimum Requirement to Receive Credit								

Length of Training Program 55 weeks Total Capacity 20

Average Enrollment: Men 0 Women 16 1st Term Students 16 Other Than 1st Term Students 0

No. of Students aged: 19 or under 16 20-24 0 25-29 0 30 or over 0

Tuition: Total \$410.00 Monthly Basis No Payment Plan No

Other Fees \$35.00 Books Rental \$25.00 Materials \$5.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None with exceptions of shorthand, and typing

Pre-enrollment or Placement test: Yes X No Tests Used Strong Vocational Interest SRA Clerical Aptitude

SPECIALIZED SCHOOL NAME Area VI - Area Community College
 Street 113 North First Avenue
 City Marshalltown, Iowa

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Telephone 752-4234 Area Code 515 Administrator Arlen Hackbarth, Acting Dean
 Sponsor or Owner _____
 School Accredited by Iowa State Department of Public Instruction
 Application for admission mailed to: Name Office of Admissions Title Dean
 Fee required with enrollment application: Amount \$10 Refundable: Yes Half No _____
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September & January
 School visitation: Recommended X Required _____ Includes: Parents X Students _____ Counselors _____
 Persons responsible for contacting _____ Address _____
 Prospective Students: Donald Fleming Address Community College
Duane Lueck Address Community College
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Freshman Orientation Week
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible _____
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Placement Division of College
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 75 % School owned _____ % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house 25 % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship X Other _____
 Monthly room and board cost: \$85-\$90 Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date September
 Director of financial aid Donald Fleming, Assistant Dean
 Tuition refund policy and schedule 2 weeks 80%; 3 weeks 70%; 4 weeks 60%; 5 weeks 50%; 6 weeks 40%; 7 weeks 30%
8 weeks 20%; 9 weeks 10%

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Technical Drafting STARTING DATE September

Basic Subject Taught (names)	Drafting	Science (physics)	Math	English & Speech				
No. different Subject Levels								
Total Hours of Class Training	26	8	10	6				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 20

Average Enrollment: Men 20 Women 1st Term Students 20 Other Than 1st Term Students

No. of Students aged: 19 or under 10 20-24 10 25-29 30 or over

Tuition: Total \$200 - \$230 yearly Monthly Basis Payment Plan

Other Fees \$25 activity fee Books \$80 year Materials \$40 Equipment

Pre-requisite courses required Algebra, trigonometry

Specific Pre-requisite Courses recommended Science - Chemistry or physics

Pre-enrollment or Placement test: Yes X No Tests Used ACT, SCAT, Strong Dieg. reading test

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Automotive Mechanics STARTING DATE September 6, 1966

Basic Subject Taught (names)	Auto Mech	Science (physics)	Math	English & Speech			
No. different Subject Levels							
Total Hours of Class Training	32 sem hrs	8 sem hrs	3-5 sem hrs	6 sem hrs			
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 academic years - 74 sem hrs Total Capacity 18 each year

Average Enrollment: Men 18 Women 1st Term Students 18 Other Than 1st Term Students

No. of Students aged: 19 or under 12 20-24 6 25-29 30 or over

Tuition: Total \$200-\$230 year Monthly Basis Payment Plan

Other Fees \$25 activity fee Books \$80 year Materials Equipment \$50

Pre-requisite courses required

Specific Pre-requisite Courses recommended Math and Science preferred

Pre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Accounting STARTING DATE September 6, 1966

Basic Subject Taught (names)	Accounting	English & Speech	Business Subjects				
No. different Subject Levels							
Total Hours of Class Training	15 sem hrs	8 sem hrs	15 sem hrs				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 academic years - 64 semester hours Total Capacity 250+

Average Enrollment: Men 80 Women 20 1st Term Students 75 Other Than 1st Term Students 25

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 - \$230 Monthly Basis _____ Payment Plan _____

Other Fees \$25 activity Books \$80 Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Secretarial

STARTING DATE September 6, 1966

Basic Subject Taught (names)	Shorthand & Sec Proc	English & Speech	Business					
No. different Subject Levels								
Total Hours of Class Training	22 sem hrs	8 sem hrs	25 sem hrs					
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 academic years - 64 semester hours Total Capacity 100

Average Enrollment: Men _____ Women 20 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 3 25-29 2 30 or over _____

Tuition: Total \$200 - \$230 Monthly Basis _____ Payment Plan _____

Other Fees \$25 activity Books \$80 year Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM General Business STARTING DATE September 6, 1966

Basic Subject Taught (names)	English & Speech	Business Subjects					
No. different Subject Levels							
Total Hours of Class Training	8 sem hrs	25 + sem hrs					
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 academic years - 64 semester hours Total Capacity 200

Average Enrollment: Men 100 Women 15 1st Term Students X Other Than 1st Term Students X

No. of Students aged: 19 or under 100 20-24 5 25-29 5 30 or over 5

Tuition: Total \$200 - \$230 year Monthly Basis _____ Payment Plan _____

Other Fees \$25 activity Books \$80 year Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Electronics Technology STARTING DATE September 6, 1966

Basic Subject Taught (names)	Electronics	Math	Physics	English & Speech				
No. different Subject Levels								
Total Hours of Class Training	11 sem hrs	10 sem hrs	8 sem hrs	6 sem hrs				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year (2nd year program at Technical Institute ISU) Total Capacity 20

Average Enrollment: Men 10 Women _____ 1st Term Students 20 Other Than 1st Term Students _____

No. of Students aged: 19 or under 5 20-24 5 25-29 _____ 30 or over _____

Tuition: Total \$200 - \$230 year Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$80 Materials _____ Equipment _____

Pre-requisite courses required 2½ units Math, Chemistry or Physics

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, SCAT, Strong, Diagnostic Reading Test

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Mechanical Technology

STARTING DATE September 6, 1966

Basic Subject Taught (names)	Engineering Graphics	English & Speech	Physics				
No. different Subject Levels							
Total Hours of Class Training	6 sem hrs	6 sem hrs	8 sem hrs				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year (2nd year program at Technical Institute ISU) Total Capacity 20

Average Enrollment: Men 10 Women _____ 1st Term Students 10 Other Than 1st Term Students _____

No. of Students aged: 19 or under 10 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 - \$230 year Monthly Basis _____ Payment Plan _____

Other Fees \$25 activity fee Books \$80 Materials \$25 Equipment _____

Pre-requisite courses required 2½ units Math

Specific Pre-requisite Courses recommended Physics or Chemistry

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Chemical Industries Technology STARTING DATE September 6, 1966 -----

Basic Subject Taught (names)	Chemistry	Math	Physics	English & Speech				
No. different Subject Levels								
Total Hours of Class Training	8 sem hrs	10 sem hrs	8 sem hrs	6 sem hrs				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 1 year Total Capacity 20

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 - \$230 year Monthly Basis _____ Payment Plan _____

Other Fees \$25 activity fee Books \$70 year Materials _____ Equipment _____

Pre-requisite courses required 2½ units Math, Chemistry

Specific Pre-requisite Courses recommended Physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area VI - Area Community College

PROGRAM Clerical Training

STARTING DATE September 6, 1966

Basic Subject Taught (names)	Business Subjects	English & Speech					
No. different Subject Levels							
Total Hours of Class Training	25 sem hrs	8 sem hrs					
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year Total Capacity 100

Average Enrollment: Men 5 Women 20 1st Term Students 20 Other Than 1st Term Students 5

No. of Students aged: 19 or under 20 20-24 3 25-29 2 30 or over

Tuition: Total \$200 - \$230 year Monthly Basis Payment Plan

Other Fees \$25 activity fee Books \$80 year Materials Equipment

Pre-requisite courses required

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Area Six Community College - Marshalltown, Iowa CampusADDRESS 113 North First Avenue, Marshalltown, IowaSpecific Training Program Dental Assistant Education Starting Date(s) September, 1967

Basic Subject Taught (names)	Anatomy & Physiology	Bacteriology	Oral Pathology	Pharmacology, Diet and Nutrition	Dental Materials	Roentgenology	Principles of Dental Assisting	Professional Orientation for the Dental Assistant
No. different Subject Levels	2	1	1	1	1	1	3	1
Total Hours of Class Training	60	14	14	14	70	14	162	54
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Dental Lab. Procedure	Anesthesia & Emergencies	Dental Office Management	Sterilization Techniques	Equipment & Instr. Care	Communication Skills	Psychology in Dentistry	Dental Clinic
No. different Subject Levels	2	1	2	1	1	1	1	3
Total Hours of Class Training	168	28	108	14	14	42	42	252
Minimum Requirement to Receive Credit								

Length of Training Program Eleven months Average Enrollment: Men _____ Women _____ Total Capacity 16

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$210.00 Monthly Basis _____ Payment Plan _____Books \$10.00 Materials \$5.00 Equipment _____ Other Required Costs Univorms \$30.00Estimated minimum total cost to complete program \$ 255.00High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Typing, English, general mathematics, basic science, sociologyPre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIALIZED SCHOOL NAME Area Six Community College - Marshalltown Campus

Revised 4/26/67

ADDRESS 113 North First Avenue, Marshalltown, IowaSpecific Training Program Machine Shop Practices Program Starting Date(s) July, 1967

Basic Subject Taught (names)	Orientation	Basic Math	Blueprint Reading	Threads	Measuring Tools and Procedures	Cutting Tools	Machine Feeds and Speeds	Basic Machines
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	8	32	32	8	32	16	16	8
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Plant Tours	Tool Grinding	Drills	English Lathe	Turret Lathe			
No. different Subject Levels	1	1	1	1	1			
Total Hours of Class Training	8	20	60	80	160			
Minimum Requirement to Receive Credit								

Length of Training Program Sixteen (16) weeks Average Enrollment: Men _____ Women _____ Total Capacity Twenty (20)

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$75.00 Monthly Basis _____ Payment Plan _____Books \$10.00 Materials \$30.00 Equipment _____ Other Required Costs _____Estimated minimum total cost to complete program \$ 115.00High School Diploma Required: Yes _____ No XPre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown Campus

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ADDRESS 113 N. 1st Avenue, Marshalltown, IowaSpecific Training Program Electronics Technology Starting Date(s) September

Basic Subject Taught (names)	Electronics	Math	Physics	English & Speech				
No. different Subject Levels								
Total Hours of Class Training	11 Sem hrs	10	8	6				
Minimum Requirement to Receive Credit	Lowest passing grade "D"							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

(2nd year at ISU)

Length of Training Program 1 yr (Tech Inst.) Average Enrollment: Men 14 Women Total Capacity 20No. of Students aged: 19 or under 9 20-24 5 25-29 30 or over Tuition: Total \$300/yr Monthly Basis Payment Plan Books \$80 Materials Equipment Other Required Costs fees \$30Estimated minimum total cost to complete program \$ \$410High School Diploma Required: Yes No X (Recommended)Pre-requisite courses required 2½ units MathSpecific Pre-requisite Courses recommended PhysicsPre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown CampusADDRESS 113 N. 1st Avenue, Marshalltown, Iowa

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Specific Training Program Technical Drafting Starting Date(s) September

	Drafting	Physics	Math	English & Speech	Physical Ed.	Shop Processes	American Institution of Materials	Strength
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	26 Sem Hr	8	10	6	4	6	3	3
Minimum Requirement to Receive Credit	Lowest passing grade "D" 1.8 required for Assoc in Applied Science Degree							

	Humanities	Typewriting	Psychology					
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	4 Sem hrs	2	3					
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Average Enrollment: Men 30 Women Total Capacity 36No. of Students aged: 19 or under 20 20-24 10 25-29 2 30 or over Tuition: Total \$280 yearly Monthly Basis Payment Plan Books \$80 Materials Equipment \$30 Other Required Costs Fees \$30Estimated minimum total cost to complete program \$ \$420High School Diploma Required: Yes No X (Recommended)Pre-requisite courses required 2½ units MathSpecific Pre-requisite Courses recommended Physics, DraftingPre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown CampusADDRESS 113 N. 1st Avenue, Marshalltown, Iowa

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Specific Training Program Automotive Mechanics Starting Date(s) September

Basic Subject Taught (names)	Orientation & Related	Cooling & Fuel System	Engine Tune-up	Lubrication & Brakes	Electrical Systems	Trans-missions	Human Relations	Hydraulics & Air-Cond
No. different Subject Levels								
Total Hours of Class Training	150	110	110	90	60	180	40	75
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Records, Shop Proce	Automotive Theory	Clutches & Diff.	Welding	Safety	Trouble Shooting	Tools	
No. different Subject Levels	35	150	65	65	40	75	80	
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 11 months Average Enrollment: Men 17 Women Total Capacity 20No. of Students aged: 19 or under 15 20-24 2 25-29 30 or over Tuition: Total \$210/year Monthly Basis Payment Plan Books \$80/year Materials Equipment \$50 Other Required Costs \$45Estimated minimum total cost to complete program \$ \$385High School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Math and SciencePre-enrollment or Placement test: Yes X No Tests Used GATB, G.S.F

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown CampusADDRESS 113 N. 1st Avenue, Marshalltown, Iowa

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Specific Training Program Accounting Starting Date(s) September, January

Basic Subject Taught (names)	Accounting	English & Speech	Business Subjects	Physical Education	Electives			
No. different Subject Levels								
Total Hours of Class Training	15 sem hr	8	15	4	22			
Minimum Requirement to Receive Credit	Lowest passing grade "D" 1.8 grade avg. required for Assoc. in Applied Science Degree							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Average Enrollment: Men 80 Women 20 Total Capacity 250No. of Students aged: 19 or under 80 20-24 10 25-29 5 30 or over 5Tuition: Total \$300/year Monthly Basis _____ Payment Plan _____Books \$80 Materials _____ Equipment _____ Other Required Costs \$40Estimated minimum total cost to complete program \$ \$840High School Diploma Required: Yes _____ No X (Recommended)Pre-requisite courses required 1½ years Algebra

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown Campus

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ADDRESS 113 N. 1st Avenue, Marshalltown, IowaSpecific Training Program Secretarial Starting Date(s) September, January

Basic Subject Taught (names)	Shorthand & Sec. Prac.	English & Speech	Business Subjects	Electives				
No. different Subject Levels								
Total Hours of Class Training	22 Sem Hrs	8	25	9				
Minimum Requirement to Receive Credit	Lowest passing grade "D" 1.8 grade average required for Associate in Applied Science Degree							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 academic years Average Enrollment: Men Women 20 Total Capacity 100No. of Students aged: 19 or under 18 20-24 25-29 1 30 or over 1Tuition: Total \$300/year Monthly Basis Payment Plan Books \$80/year Materials Equipment Other Required Costs fees \$40/yearEstimated minimum total cost to complete program \$ \$460High School Diploma Required: Yes No X (Recommended)Pre-requisite courses required Specific Pre-requisite Courses recommended TypingPre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown Campus

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ADDRESS 113 N. 1st Avenue, Marshalltown, IowaSpecific Training Program General Business Administration Starting Date(s) September & January

Basic Subject Taught (names)	Business Courses	English & Speech	Science & Math	Physical Education				
No. different Subject Levels								
Total Hours of Class Training	25 Sem hrs	8	15	4				
Minimum Requirement to Receive Credit	Lowest passing grade "D" 1.8 grade average required for Associate in Applied Science Degree							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 academic years Average Enrollment: Men 100 Women 15 Total Capacity 200No. of Students aged: 19 or under 100 20-24 5 25-29 5 30 or over 5Tuition: Total \$300/year Monthly Basis _____ Payment Plan _____Books \$80/year Materials _____ Equipment _____ Other Required Costs \$40/yearEstimated minimum total cost to complete program \$ \$540High School Diploma Required: Yes _____ No X (Recommended)

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area Six - Marshalltown Campus

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ADDRESS 113 North First Avenue, Marshalltown, IowaSpecific Training Program Dental Assistant Education Starting Date(s) September

Basic Subject Taught (names)	Anatomy & Physiology	Bacteriology	Oral Pathology	Pharmacology Diet and Nutrition	Dental Materials	Roentgenology	Principles of Dental Assisting	Professional Orientation for the Dental Assistant
No. different Subject Levels	2	1	1	1	1	1	3	1
Total Hours of Class Training	60	14	14	14	70	14	162	54
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Dental Lab. Procedure	Anesthesia & Emergencies	Dental Office Management	Sterilization Techniques	Equipment & Instr. Care	Communication Skills	Psychology in Dentistry	Dental Clinic
No. different Subject Levels	2	1	2	1	1	1	1	3
Total Hours of Class Training	168	28	108	14	14	42	42	252
Minimum Requirement to Receive Credit								

Length of Training Program Eleven months Average Enrollment: Men _____ Women _____ Total Capacity 16No. of Students aged: 19 or under 14 20-24 2 25-29 _____ 30 or over _____Tuition: Total \$210 Monthly Basis _____ Payment Plan _____Books \$10.00 Materials \$5.00 Equipment _____ Other Required Costs Uniforms \$30.00Estimated minimum total cost to complete program \$ \$255.00High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Typing, English, general mathematics, basic science, sociologyPre-enrollment or Placement test: Yes X No _____ Tests Used ACT; GATB; Parts G, S, C, & F

SPECIALIZED SCHOOL NAME Merged Area Six - Marshalltown CampusADDRESS 113 North First Avenue, Marshalltown, IowaSpecific Training Program Machine Shop Practices Program Starting Date(s) September

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(Revised 4/26/67)

Basic Subject Taught (names)	Orientation	Basic Math.	Blueprint Reading	Threads	Measuring Tools and Procedures	Cutting Tools	Machine Feeds and Speeds	Basic Machines
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	8	32	32	8	32	16	16	8
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Plant Tours	Tool Grinding	Drills	English Lathe	Turret Lathe			
No. different Subject Levels	1	1	1	1	1			
Total Hours of Class Training	8	20	60	80	160			
Minimum Requirement to Receive Credit								

Length of Training Program Sixteen (16) weeks Average Enrollment: Men _____ Women _____ Total Capacity Twenty (20)

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$75.00 Monthly Basis _____ Payment Plan _____Books \$10.00 Materials \$30.00 Equipment _____ Other Required Costs _____Estimated minimum total cost to complete program \$ \$115.00High School Diploma Required: Yes _____ No XPre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown Campus

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ADDRESS 113 N. 1st Avenue, Marshalltown, IowaSpecific Training Program Clerical Training Starting Date(s) September

Basic Subject Taught (names)	Business Subjects	English & Speech	Electives					
No. different Subject Levels								
Total Hours of Class Training	15 Sem hrs	8	9					
Minimum Requirement to Receive Credit	Lowest passing grade "D" 1.8 average required for Certificate of Clerical Proficiency							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 1 year Average Enrollment: Men Women 25 Total Capacity 100No. of Students aged: 19 or under 20 20-24 3 25-29 1 30 or over 1Tuition: Total \$300 Monthly Basis Payment Plan Books \$80/year Materials Equipment Other Required Costs Fees \$50Estimated minimum total cost to complete program \$ \$430High School Diploma Required: Yes No X (Recommended)Pre-requisite courses required Specific Pre-requisite Courses recommended Typing, EnglishPre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown CampusADDRESS 113 N. 1st Avenue, Marshalltown, Iowa

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Specific Training Program Chemical Industries Technology Starting Date(s) September

Basic Subject Taught (names)	Chemistry	Math	Physics	English & Speech				
No. different Subject Levels								
Total Hours of Class Training	8 Sem hrs	10	8	6				
Minimum Requirement to Receive Credit	Lowest passing grade "D"							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

(2nd year at ISU)

Length of Training Program 1 year (Tech Institute) Average Enrollment: Men _____ Women _____ Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$300/year Monthly Basis _____ Payment Plan _____Books \$80 Materials _____ Equipment _____ Other Required Costs Fees \$50Estimated minimum total cost to complete program \$ \$430High School Diploma Required: Yes _____ No X (Recommended)Pre-requisite courses required 2½ units of Math, Chemistry, PhysicsSpecific Pre-requisite Courses recommended DraftingPre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown CampusStreet 113 North First AvenueCity Marshalltown, Iowa 50158

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Robert Horsfall Area Code 515 Telephone 752-4643Sponsor or Owner Merged Area VISchool Accredited by Iowa State Department of Public Instruction & North Central AssociationApplication and information secured from: Name Donald Fleming Title Assistant DeanApplication for admission submitted to: Name Office of Admissions Title _____

Admission Fee: \$ _____ Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount \$10 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Person\$ responsible for contacting Edward Jackson Address Community Collegeprospective students; Lowell Lueck Address Community CollegeCompensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When Prior to or during orientation

By whom tested _____ Position _____

Interview conducted by: _____ Position _____

When: _____

Graduate placement service: Yes X No _____ Person or agency responsible Placement Office - Student PersonnelStudent, part time work, placement service: Yes X No _____Person or agency responsible Placement Office - Student PersonnelFirst term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 66 % School owned _____ % YMCA/YWCA _____ % Private home 20 %Public facilities 2 % Private rooming house 12 % Other _____ %Average monthly room and board cost: \$90Financial aids available: ~~INSTITUTIONAL~~ Loans \$ 2,000 Workstudy \$ 66,000 Scholarship \$ 17,000 Grants \$ 23,500Application for financial aid submitted to (person): Edward Jackson Deadline date for financial aid March 15Tuition refund policy and schedule 2 weeks 80%; 3 weeks 70%; 4 weeks 60%; 5 weeks 50%; 6 weeks 40%; 7 weeks 30%; 8 weeks 20%;9 weeks 10%. Dental Assistants and Auto Mechanics, First 2 weeks 80%; 3 weeks 70%; 4 weeks 50%; 5 weeks 40%;6 weeks 20%; 7 weeks 10%

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No _____ Not Applicable

SPECIALIZED SCHOOL NAME Merged Area VI - Marshalltown Campus

ADDRESS 113 N. 1st Avenue, Marshalltown, Iowa

Specific Training Program Mechanical Technology Starting Date(s) September

Basic Subject Taught (names)	Engineering Graphics	English & Speech	Physics	Math	Chemistry			
No. different Subject Levels								
Total Hours of Class Training	6 sem. hrs.	6	8	10	4			
Minimum Requirement to Receive Credit	Lowest passing grade "D"							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

(2nd yr at ISU)

Length of Training Program 1 year (Tech Institute) Average Enrollment: Men 10 Women Total Capacity 20

No. of Students aged: 19 or under 8 20-24 2 25-29 30 or over

Tuition: Total \$300 - 1 yr. Monthly Basis Payment Plan

Books \$80 Materials \$25 Equipment Other Required Costs Fees \$30

Estimated minimum total cost to complete program \$ \$435

High School Diploma Required: Yes No X (Recommended)

Pre-requisite courses required 2½ units math

Specific Pre-requisite Courses recommended Physics & Chemistry

Pre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Area VII - Hawkeye Institution of Technology
 Street 2800 Falls Avenue
 City Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 234-3501 Area Code 319 Administrator Dr. Travis Martin
 Sponsor or Owner _____
 School Accredited by Division of Vocational Education - State of Iowa
 Application for admission mailed to: Name Director of Admissions Title _____
 Fee required with enrollment application: Amount \$10 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X
 Dates student may begin classes: September
 School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____
 Persons responsible for contacting Director of Administration Address 2800 Falls Ave. - Waterloo, Iowa
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When Only in Marginal cases
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When Prior to acceptance
 By whom tested Director of Admissions Position Director
 Graduate placement service: Yes X No _____ Person or agency responsible The School
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Informal basis
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 90-95% % School owned _____ % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house 5-10 % Other _____ %
 Financial aids available: Loans Emergency Workstudy _____ Scholarship X Other _____
 Monthly room and board cost: _____ Admission Fee: _____
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule Pro-rated until midterm after which no refund is made.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____ all standards met.

SPECIFIC TRAINING PROGRAMS

Area VII - Hawkeye Institution of Technology

PROGRAM Practical Nursing STARTING DATE September

Basic Subject Taught (names)	Body Struc. & func.	Funda. of Nursing	Personal & Voc. Relation	Community Rela.	Nutrition	First Aid	Mother & Infant care	conditions of illness
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	64	264	36	32	32	32	24	93
Minimum Requirement to Receive Credit	64	264	36	32	32	32	24	93

Basic Subject Taught (names)	Family Liv. & Life Span	Pediatric Nursing	Geriatric Nursing	Practicum				
No. different Subject Levels								
Total Hours of Class Training	32	24	24	1200				
Minimum Requirement to Receive Credit	32	24	24	1200				

Length of Training Program 12 months Total Capacity 68

Average Enrollment: Men Women 68 1st Term Students 34 Other Than 1st Term Students 34

No. of Students aged: 19 or under 48 20-24 4 25-29 4 30 or over 6

Tuition: Total \$200 Monthly Basis Payment Plan Advanced Payment

Other Fees Books Materials Equipment & total \$70

Pre-requisite courses required None - High school graduate or equivalent

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used Otis I. Q. Pre-admission and classification exam (NLNE)

SPECIFIC TRAINING PROGRAMS

Area VII - Hawkeye Institution of Technology

PROGRAM Electronic Engineering Tech. STARTING DATE September

Basic Subject Taught (names)	Circuits & machines	Tech. Math	Tech. Drafting	Engineering Science	Electronic System	Tech. & Res. Report	Commercial skills	Orientation
No. different Subject Levels	2	2	2	1	2	2	1	1
Total Hours of Class Training	31	10	10	5	37	8	3	1
Minimum Requirement to Receive Credit	31	10	10	5	37	8	3	1

Basic Subject Taught (names)	Shop Processes	Computer Basics						
No. different Subject Levels	6	5						
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 48

Average Enrollment: Men 42 Women 1st Term Students 24 Other Than 1st Term Students 18

No. of Students aged: 19 or under 30 20-24 8 25-29 8 30 or over 2 or 3

Tuition: Total \$400 Monthly Basis Payment Plan \$100/semester

Other Fees Books & supplies \$40/sem. Materials Equipment

Pre-requisite courses required Algebra

Specific Pre-requisite Courses recommended Geometry

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area VII - Hawkeye Institution of Technology

PROGRAM Mechanical Engineering Tech. STARTING DATE September

Basic Subject Taught (names)	Mech. Drafting	Mfg. Processes	Math	Material on Indust.	communica. skills	Mechanics & heat	Design	Psychology & human rel.
No. different Subject Levels	2	2	2	1	1	1	3	1
Total Hours of Class Training	16	14	10	3	3	6	21	2
Minimum Requirement to Receive Credit	16	14	10	3	3	6	21	2

Basic Subject Taught (names)	Strength of mat.	Basic mechanisms	Electricity	Indus. Org. & ind.	Hydraulics & Pneumatics	Stat. & Qual. Cont.	Tech. Re- porting	Orientation
No. different Subject Levels	3	10	5	3	5	3	2	1
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 48

Average Enrollment: Men 42 Women 1st Term Students 24 Other Than 1st Term Students 18

No. of Students aged: 19 or under 30 20-24 8 25-29 8 30 or over 2 or 3

Tuition: Total \$100 semester (\$400) Monthly Basis Payment Plan per semester \$100

Other Fees Books & supplies \$40. semes. Materials Equipment

Pre-requisite courses required Algebra

Specific Pre-requisite Courses recommended Geometry

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Area IX - Area Community College
 Street 1000 Lincoln Blvd.
 City Clinton, Iowa

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Telephone 242-6841 Area Code 319 Administrator Paul B. Sharar, Dean
 Sponsor or Owner Area IX Vocational Technical - Community College District
 School Accredited by State Department of Public Instruction
 Application for admission mailed to: Name A. W. Langerak Title Director Student Personnel
 Fee required with enrollment application: Amount \$20.00 (on acceptance) Refundable: Yes No X
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: September 6, 1966
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Program Coordinator Address
 Prospective Students: or Address
Student Personnel Director Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes X No When April, May, June
 By whom tested Position Program Coordinator
 Personal interview required: Yes X No When April, May, June
 By whom tested Position Program Coordinator
 Graduate placement service: Yes X No Person or agency responsible
 Student, part time work, placement service: Yes X No
 Person or agency responsible Personnel Office
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home 75 % School owned % YMCA/YWCA 15 % Private home %
 Public facilities % Private rooming house 10 % Other %
 Financial aids available: Loans X Workstudy X Scholarship X Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes X No Deadline Date June 15
 Director of financial aid
 Tuition refund policy and schedule 10% withheld for each week in attendance until the close of the 9th week.

SPECIFIC TRAINING PROGRAMS

Area IX - Area Community College

PROGRAM Electronics Technology STARTING DATE September

Basic Subject Taught (names)	Technical Math	DC Circuitry Machines	Technical Drawing	Graphic Analysis	Shop Processes	Common Skills Writing	Time Circuits	Engineering Science
No. different Subject Levels	2		2			2		2
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Circuit Tracing	Special Circuits	Transmitter Operation	Ultra High micro wave	Television Circuits	Industrial Electronics	Research Report	
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 18

Average Enrollment: Men 16 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 10 20-24 4 25-29 2 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan _____

\$100 due each semester

Other Fees \$20.00 Books \$45.00 Materials _____ Equipment _____

Pre-requisite courses required Math and science

Specific Pre-requisite Courses recommended Advanced math and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IX - Area Community College

PROGRAM Practical Nursing STARTING DATE September

Basic Subject Taught (names)	Nursing Arts	Per. Voc. Relationship	Body Struct. & function	Family & Life Span	Nutrition	Clinical Practice	Care of Adults	Care of Children
No. different Subject Levels								
Total Hours of Class Training	8 sem. hrs.	1 sem. hr.	3 sem. hrs.	2 sem hrs	3 sem hrs		8 sem hrs	4 sem hrs
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Mother & infant	Emergencies & Disaster	Special Situations	Clinical Practice				
No. different Subject Levels								
Total Hours of Class Training	3 sem hrs	1 sem hr	2 sem hr	4-10 weeks				
Minimum Requirement to Receive Credit								

Length of Training Program 52 weeks Total Capacity 16

Average Enrollment: Men Women 16 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 20-24 25-29 30 or over

Tuition: Total \$200 Monthly Basis Payment Plan

\$100 due each semester

Other Fees \$45 Books \$35 Materials Equipment \$75

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology, Chemistry

Pre-enrollment or Placement test: Yes X No Tests Used

SPECIFIC TRAINING PROGRAMS

Area IX - Area Community College

PROGRAM Business Education STARTING DATE September

Basic Subject Taught (names)	Common Skills	Human Relations	Introduction to Business	Accounting	Math	Physical Education	Social Science	Salesman-ship
No. different Subject Levels	2	1	1	4	2	2	1	1
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Business Seminar	Economics	Psychology	Retailing	Business Law	Government	Employment	Marketing
No. different Subject Levels	2	2	1	1	2	1	1	1
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 28

Average Enrollment: Men 18 Women 7 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 5 25-29 5 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan _____

\$100 due each semester

Other Fees \$20.00 Books \$20.00 Materials \$5.00 Equipment _____

Pre-requisite courses required Business courses

Specific Pre-requisite Courses recommended Typing - Bookkeeping

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area IX - Area Community College

PROGRAM Drafting: Construction Mfg. STARTING DATE September

	Common Skills	Human Relations	Drafting	Math	Technical Writing	Surveying	Specification Writing	Shop
Basic Subject Taught (names)								
No. different Subject Levels			4	2				
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

	Applying Economics	Applied Physics	Estimating	Material Strength	Drafting Processes			
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 18

Average Enrollment: Men 17 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan _____

\$100 due each semester

Other Fees \$20.00 Books \$25.00 Materials \$10.00 Equipment _____

Pre-requisite courses required Algebra

Specific Pre-requisite Courses recommended Drafting

Pre-enrollment or Placement test: Yes X No _____ Tests Used _____

Agri-Business Division
Feed and Fertilizer Marketing Technology
(Including Grain, Seed, and Ag. Chemicals)

Revised 5/9/67

SPECIALIZED SCHOOL NAME Eastern Iowa Community College, Area IX
Muscatine Campus
Street 152 Colorado Street
City Muscatine, Iowa ZIP CODE 52761

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator James F. Loper, Dean Area Code 319 Telephone 263-8250
Sponsor or Owner Muscatine Campus
School Accredited by North Central Association of Colleges and Secondary Schools
Application and information secured from: Name Everett L. Clover Title Division Chairman
Application for admission submitted to: Name Everett L. Clover Title Division Chairman
Admission Fee: \$60.00 Is the fee applied toward tuition and other charges: Yes X No
Fee required with enrollment application: Amount \$60.00 Is the fee applied toward tuition and other charges: Yes X No
Notification of acceptance: To student X To parent To high school
High school transcript required: Yes X No High School recommendation: Requested Desired Required no
School visitation: Recommended X Required Desirable Includes: Parents X Students X Counselors
Persons responsible for contacting four staff members Address same as above
prospective students; in the division Address
Compensated by: Straight Salary X Commission Salary plus commission
Entrance Testing required: Yes X No When ACT tests desired - physical exam
By whom tested to be explained at interview Position
Interview conducted by: Staff members in Agri-Business Division Position
When: Prior to enrollment (usually in late winter and early spring)
Graduate placement service: Yes X No Person or agency responsible Agri-Business Staff
Student, part time work, placement service: Yes X No
Person or agency responsible James F. Loper, Dean
First term progress report sent to: Parents X Students X High School Other
Students live: At home 10 % School owned % YMCA/YWCA % Private home 90 %
Public facilities % Private rooming house % Other %
Average monthly room and board cost: Estimated \$7.50 weekly - depends upon services desired
Financial aids available: Institutional Loans \$ Guaranteed Workstudy \$ 200 - 600 Scholarship \$ 210 Grants \$
Application for financial aid submitted to (person): James F. Loper, Dean Deadline date for financial aid August 1st
Tuition refund policy and schedule Full refund if requested before June 1 - Percentage of refund decreases through the ninth week (See catalog for complete schedule)

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME Eastern Iowa Community College
Muscatine Campus 152 Colorado Street
ADDRESS Muscatine, Iowa 52761

Specific Training Program Feed and Fertilizer Marketing Techn- Starting Date(s) September 1
nology (including seed, grain, and ag. chemicals)

Basic Subject Taught (names)	Feeds	Seed	Grain	Fertilizer	Agricultural Chemicals	Modern Farm Practices	
No. different Subject Levels	3	1	1	3	2	1	
Total Hours of Class Training	(Classroom instruction alternated with employment experience)						
Minimum Requirement to Receive Credit	D	D	D	D	D	D	

Basic Subject Taught (names)	Occupational Relations	Sales Training	Business Practices and Management	Advertising	Accounting	Individual Study	Projects
No. different Subject Levels	2	3	4	2	3	1	4
Total Hours of Class Training			(Same as above)				
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D

Length of Training Program 21 months Average Enrollment: Men 35 Women - Total Capacity No limits set

No. of Students aged: 19 or under most enrollees 20-24 few enrollees 25-29 two 30 or over
in the program

Tuition: Total \$60 per period - 9 periods Monthly Basis Payment Plan

Five nine week periods of class and laboratory activities - Five periods of employment
experience where earnings average \$750 per period

Books References Provided Materials most are provided Equipment provided Other Required Costs \$70-1st class period, \$20 other class periods
Books - notes required

Estimated minimum total cost to complete program \$ 675 (Wages will offset this)

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required none - Voc Ag and farm background helpful

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No Tests Used Physical - ACT (desired)

SPECIALIZED SCHOOL NAME Eastern Iowa Community College--Clinton Campus

ADDRESS 1000 Lincoln Boulevard, Clinton, Iowa

Specific Training Program Business Education Starting Date(s) September, 1968

Basic Subject Taught (names)	English	Human Relations	Int./Bus.	Prin. Accounting	Business Math	Physical Education	Speech	Sales-manship
No. different Subject Levels								
Total Hours of Class Training	9 q. h.	12 q. h.	4 q. h.	9 q. h.	3 q. h.	6 q. h.	3 q. h.	4 q. h.
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Business Machines	Econ.	Psych.	Retailing	Business Law	Inter. Acctg.	Cost Acctg.	Marketing
No. different Subject Levels								
Total Hours of Class Training	3 q. h.	9 q. h.	5 q. h.	5 q. h.	6 q. h.	5 q. h.	5 q. h.	5 q. h.
Minimum Requirement to Receive Credit								Tax Acctg. 5 q. h.

Length of Training Program Two years Average Enrollment: Men 22 Women 7 Total Capacity 28

No. of Students aged: 19 or under 17 20-24 8 25-29 4 30 or over 0

Tuition: Total \$210.00 per year (36 weeks) Monthly Basis N/A Payment Plan Quarterly

\$70.00 due each quarter

Books \$40.00 Materials \$10.00 Equipment _____ Other Required costs \$30.00

Estimated minimum total cost to complete program, \$ \$580.00 plus room and board

High School Diploma Required: Yes X No _____ (or equivalent)

Pre-requisite courses required Business courses

Specific Pre-requisite Courses recommended Typing, Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

10/10/10

10

10/10/10

SPECIALIZED SCHOOL NAME Eastern Iowa Community College--Clinton Campus

ADDRESS 1000 Lincoln Boulevard, Clinton, Iowa

Specific Training Program Practical Nursing Starting Date(s) September, 1968

Basic Subject Taught (names)	Nursing Care	VPCR	Body Struc. & Functions	Family & Life Span	Nutrition & Diet	Clinical Practice	Nursing Care of Children
No. different Subject Levels							
Total Hours of Class Training	312	60	60	60	72	696	24
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)	Nursing Care of Mothers & Infants	Emer. & Dis.	Special Situations				
No. different Subject Levels							
Total Hours of Class Training	48	24	84				
Minimum Requirement to Receive Credit							

Length of Training Program 52 weeks Average Enrollment: Men _____ Women 20 Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$280.00 Monthly Basis N/A Payment Plan Quarterly

\$70.00 due each quarter

Books \$40.00 Materials _____ Equipment \$75.00 Other Required Costs \$30.00

Estimated minimum total cost to complete program \$ 325.00 plus board and room

High School Diploma Required: Yes X No _____ (or equivalent)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology, Chemistry

Pre-enrollment or Placement test: Yes X No _____ Tests Used EATB

SPECIALIZED SCHOOL NAME Eastern Iowa Community College--Clinton Campus

ADDRESS 1000 Lincoln Boulevard, Clinton, Iowa

Specific Training Program Drafting: Construction-Manufacturing Starting Date(s) September, 1969

Basic Subject Taught (names)	Comm. Skills	Human Relations	Drafting	Math	Tech. Reading	Tech. Writing	Surveying	Specif. Writing
No. different Subject Levels								
Total Hours of Class Training	60	60	1080	180	60	60	60	60
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Shop Metal	Appl. Econ.	Appl. Physics	Estimating	Statics & Str. Material	Drafting Proc.	Shop-wood	Const. & Man. Mater.
No. different Subject Levels								
Total Hours of Class Training	60	60	120	60	60	60	60	60
Minimum Requirement to Receive Credit								

Length of Training Program Two years (96 weeks) Average Enrollment: Men 18 Women Total Capacity 18

No. of Students aged: 19 or under 15 20-24 3 25-29 0 30 or over 0

Tuition: Total \$280.00 a quarter Monthly Basis N/A Payment Plan Quarterly

\$70.00 due each quarter

Books \$40.00 Materials \$10.00 Equipment Other Required Costs \$30.00

Estimated minimum total cost to complete program \$ 720.00 plus room and board

High School Diploma Required: Yes X No (or equivalent)

Pre-requisite courses required Algebra

Specific Pre-requisite Courses recommended Drafting

Pre-enrollment or Placement test: Yes X No Tests Used GATB ACT

SPECIALIZED SCHOOL NAME Eastern Iowa Community College, Clinton CampusStreet 1000 Lincoln BoulevardCity Clinton, Iowa

ZIP CODE _____

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Dr. Robert W. Johnson, Superintendent Area Code 319 Telephone 242-6841Sponsor or Owner Eastern Iowa Community CollegeSchool Accredited by State Department of Public InstructionApplication and information secured from: Name A. W. Langerak Title Director of Student PersonnelApplication for admission submitted to: Name A. W. Langerak Title Director of Student PersonnelAdmission Fee: \$ 20.00 Is the fee applied toward tuition and other charges: Yes X No _____Fee required with enrollment application: Amount \$20.00 Is the fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting Program Coordinator Address Same as above.prospective students; Director of Student Personnel Address Same as above.Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When March, April, May, and June

By whom tested _____ Position _____

Interview conducted by: Program Instructor Position _____

When: _____

Graduate placement service: Yes X No _____ Person or agency responsible _____Student, part time work, placement service: Yes X No _____Person or agency responsible Director of Student PersonnelFirst term progress report sent to: Parents X Students _____ High School _____ Other _____Students live: At home 75 % School owned _____ % YMCA/YWCA 15 % Private home _____ %Public facilities _____ % Private rooming house 10 % Other _____ %Average monthly room and board cost: Est. \$90 - \$120 (private)Financial aids available: Institutional Loans \$ _____ Workstudy \$ Yes Scholarship \$ NDEA (Tuition waiver) Grants \$ GuaranteedApplication for financial aid submitted to (person): A. W. Langerak Deadline date for financial aid June 15Tuition refund policy and schedule Percentage refund decreases at 20% per week through five weeks.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME Eastern Iowa Community College--Clinton Campus

ADDRESS 1000 Lincoln Boulevard, Clinton, Iowa

Specific Training Program Electronics Technology Starting Date(s) September, 1968

Basic Subject Taught (names)	Tech. Math	Physics Elect.	Elect. Circ.	Tech. Dr.	Basic Elect. Circ. & Appl.	Basic Fl. Analysis	Metal Shop Processes	Instruments & Measure
No. different Subject Levels								
Total Hours of Class Training	216	108	432	48	120	120	48	84
Minimum Requirement to Receive Credit								

Comm. Syst. 228 Indus. Econ. 12 Indus. Org. & Inst. 12 Research Rpt. 48 Field Trips 24

Basic Subject Taught (names)	Comm. Skills	Tech. Rptg.	Basic Circ. Anal.	Cir. Anal. & Design	Circ. Des. & Fabr.	Cir. Des. & Const.	Cir. & Systems	Comm. Circ.
No. different Subject Levels								
Total Hours of Class Training	48	84	120	96	192	504	216	120
Minimum Requirement to Receive Credit								

Length of Training Program Two years (96 weeks) Average Enrollment: Men 18 Women _____ Total Capacity 18

No. of Students aged: 19 or under 12 20-24 4 25-29 2 30 or over 0

Tuition: Total \$280 Monthly Basis N/A Payment Plan Quarterly

\$70.00 each quarter

Books \$65.00 Materials _____ Equipment _____ Other Required Costs \$30.00

Estimated minimum total cost to complete program \$ 750.00 plus board and room

High School Diploma Required: Yes X No _____ (or equivalent)

Pre-requisite courses required Math and Sciences

Specific Pre-requisite Courses recommended Advanced Math and Physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB ACT

SPECIALIZED SCHOOL NAME Eastern Iowa Community College
Muscatine Campus
 Street 152 Colorado Street
 City Muscatine, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ZIP CODE

Administrator Dr. Robert W. Johnson, Superintendent Area Code 319 Telephone 263-8250
 Sponsor or Owner Eastern Iowa Community College
 School Accredited by N.C.A. - Approved by Iowa Department of Public Instruction
 Application and information secured from: Name Everett L. Clover Title Division Chairman
 Application for admission submitted to: Name same Title same
 Admission Fee: \$ _____ Is the fee applied toward tuition and other charges: Yes X No _____
 Fee required with enrollment application: Amount \$60.00 Is the fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____
 High school transcript required: Yes _____ No _____ High School recommendation: Requested _____ Required _____
 School visitation: Recommended X Required _____ Includes: Parents X Students _____ Counselors Invited
 Persons responsible for contacting Everett L. Clover Address Muscatine Campus
prospective students; or other staff members Address Muscatine Campus
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When ACT
 By whom tested Richard W. Hebert Position Director of Student Personnel
 Interview conducted by: Staff of Agri-Business Department Position Faculty
 When: Visitation any weekday 8:00 - 4:00 (Closed Saturdays and Holidays)
 Graduate placement service: Yes X No _____ Person or agency responsible Agri-Business Staff
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Jack Lockridge, Registrar
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home 25 % School owned _____ % YMCA/YWCA _____ % Private home _____ % 75 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Average monthly room and board cost: Approximately \$40.00 for room (private) - varies with students
 Financial aids available: Institutional Loans \$ _____ Workstudy \$ Possible Scholarship \$ NDEA & Tuition waiver Grants \$ Possible
 Application for financial aid submitted to (person): Jack Lockridge Deadline date for financial aid July
 Tuition refund policy and schedule Percentage refund decreases at 20% per week through five weeks.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 152 Colorado Street, Muscatine, Iowa

Specific Training Program Feed and Fertilizer Marketing Technology Starting Date(s) Sept. 1, 1968

Basic Subject Taught (names)	Distributive Education and Business dealing with Feed, Seed, Grain, Agricultural Chemicals, and Fertilizers					
No. different Subject Levels			675 hours			
Total Hours of Class Training			675 hours			
Minimum Requirement to Receive Credit						

Four periods (nine weeks each) Employment Experience with pay is required - 1398 hours.

Basic Subject Taught (names)	Technical Agriculture dealing with Feed, Seed, Grain, Agricultural Chemicals, and Fertilizers					
No. different Subject Levels			675 hours			
Total Hours of Class Training			675 hours			
Minimum Requirement to Receive Credit						

Length of Training Program 21 months Average Enrollment: Men 40 Women _____ Total Capacity no limits at present

No. of Students aged: 19 or under 64 20-24 2 25-29 1 30 or over 0

Tuition: Total \$540 for Iowa Residents Monthly Basis nine-week period basis Payment Plan \$60.00 each

Nine-week period - nine periods in program

\$70.00 first period
Books \$20.00 other four periods Materials \$2.50 / period Equipment _____ Other Required Costs Board & Room, Clothes

Estimated minimum total cost to complete program \$ \$3250 (est.) Approximately \$3000 of this may be earned on Employment Experience which is part of the program.

High School Diploma Required: Yes _____ No X (Desirable)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Vocational Agriculture desirable but not necessary.

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used ACT and others

SPECIALIZED SCHOOL NAME Eastern Iowa Community CollegeStreet 1829 State StreetCity Bettendorf, Iowa ZIP CODE 52722

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Dr. Robert W. Johnson Area Code 319 Telephone 355-4763Sponsor or Owner Merged Area IX, Eastern Iowa Community CollegeSchool Accredited by Iowa State Department of Public InstructionApplication and information secured from: Name Robert N. Illingsworth Title Director of Student PersonnelApplication for admission submitted to: Name Robert N. Illingsworth Title Director of Student PersonnelAdmission Fee: \$ 15.00 Is the fee applied toward tuition and other charges: Yes ☒ No ☐Fee required with enrollment application: Amount None Is the fee applied toward tuition and other charges: Yes N/A No N/ANotification of acceptance: To student ☒ To parent ☐ To high school ☐ (or G.E.D.)High school transcript required: Yes ☒ No ☐ High School recommendation: Requested ☒ Required ☐School visitation: Recommended ☒ Required ☐ Includes: Parents ☒ Students ☒ Counselors ☒Persons responsible for contacting Director of Student Personnel Address 1829 State Street, Bettendorf, Iowa 52722prospective students; Director of Student Personnel Address Same as aboveCompensated by: Straight Salary ☒ Commission ☐ Salary plus commission ☐Entrance Testing required: Yes ☒ No ☐ When One each month - date arrangedBy whom tested Robert N. Illingsworth Position Director of Student PersonnelInterview conducted by: Division Heads Position ☐When: As soon as applicant has met entrance criteria and has filed transcript, application, and completed entrance exam.Graduate placement service: Yes ☒ No ☐ Person or agency responsible Director of Student PersonnelStudent, part time work, placement service: Yes ☒ No ☐Person or agency responsible Director of Student PersonnelFirst term progress report sent to: Parents ☒ Students ☐ High School ☐ Other ☐Students live: At home 80 % School owned ☐ % YMCA/YWCA ☐ % Private home 15 %Public facilities ☐ % Private rooming house 5 % Other ☐ %Average monthly room and board cost: \$90 - \$120Financial aids available: Institutional Loans \$ yes Workstudy \$ N/A Scholarship \$ Yes Grants \$ YesApplication for financial aid submitted to (person): Director of Student Personnel Deadline date for financial aid August 1Tuition refund policy and schedule Percentage refund decreases at 20% per week through five weeksHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes ☒ No ☐

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa

Specific Training Program Air Conditioning and Refrigeration Starting Date(s) October 2, 1967
Will begin September, 1968

Basic Subject Taught (names)	Shop Practices	Refrigeration	Tech. Math	Electricity	Appliances	Human Relations	Controls	
No. different Subject Levels	Post High School							
Total Hours of Class Training	100	325	75	100	250	50	100	
Minimum Requirement to Receive Credit	Understand basic troubleshooting and servicing techniques of modern refrigeration systems.							

Basic Subject Taught (names)	N/A							
No. different Subject Levels	N/A							
Total Hours of Class Training	N/A							
Minimum Requirement to Receive Credit	N/A							

One year-47 weeks less

Length of Training Program legal holidays Average Enrollment: Men 12 Women 0 Total Capacity 18

No. of Students aged: 19 or under 10 20-24 4 25-29 2 30 or over 2

Tuition: Total \$280 per year for Iowa resident Monthly Basis N/A Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$25.00 Materials - Equipment - Other Required Costs \$10.00

Estimated minimum total cost to complete program \$ 315.00

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required -

Specific Pre-requisite Courses recommended Algebra

Pre-enrollment or Placement test: Yes X No Tests Used Lorge-Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Office Education, Secretarial Program Starting Date(s) Sept. 5, Nov. 27,

Program located at 1829 State Street, Bettendorf, Iowa Feb. 26 - May 20, 1968

Full term will begin Sept. 3, 1968

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Shorthand	Typewriting	Transcribing Machines	Filing Instructions	Sec. Practice	Office Machines	Job Interview	Grooming & Human Rel.
Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.
100	105	15	35	20	35	10	20
100%	100%	100%	100%	100%	100%	100%	100%

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Book- keeping	Business Behavior	Business Law Concepts	Telephone Techniques				
Post Sec.	Post Sec.	Post Sec.	Post Sec.				
70	15	15	15				
100%	100%	100%	100%				

Length of Training Program 24 Weeks Average Enrollment: Men 0 Women 20 Total Capacity 20

No. of Students aged: 19 or under 13 20-24 3 25-29 0 30 or over 0

tuition: Total \$140.00 for Iowa Residents Monthly Basis N/A Payment Plan Quarterly - \$70.00
\$210.00 for Non Residents

Books \$33.00 Materials None Equipment None Other Required Costs None

Estimated minimum total cost to complete program \$ 173.00

High School Diploma Required: Yes X No (or equivalent)

Pre-requisite courses required Typewriting

Specific Pre-requisite Courses recommended 1st & 2nd year typewriting, shorthand, office practice

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Practical Nurse Education Starting Date(s) February 26, 1967 (Spring)
 Program located at 909 E. River Drive, Davenport, Iowa September 5, 1967 (Fall)

Basic Subject Taught (names)	Body Struc. & Functions	Nutrition	Nursing Care I	Family & Life Span	VPCR	Nursing Care of Adults I	Nursing Care of Adults II	Nursing Care of Adults III
No. different Subject Levels	Quarter I	Quarter I	Quarter I	Quarter I	Quarter I	Quarter II	Quarter II	Quarter IV
Total Hours of Class Training	60	30	165	45	30	300	186	124
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Nursing Geriatrics	Nursing Orthopedics	Nursing of Children	Maternal & Child Nursg.	Applied Ethics	Diet Modification	Drugs & Solutions	
No. different Subject Levels	Quarter III	Quarter III	Quarter IV	Quarter IV	Quarter II	Quarter II	Quarter II	
Total Hours of Class Training	93	93	124	124	15	30	30	
Minimum Requirement to Receive Credit								

Length of Training Program One year-47 weeks (less legal holidays) Average Enrollment: Men 2 Women 50 Total Capacity 60

No. of Students aged: 19 or under 27 20-24 10 25-29 4 30 or over 6

Tuition: Total \$280.00 per year - Iowa Resident Monthly Basis N/A Payment Plan Quarterly - \$70.00
\$420.00 per year - Non Resident

Books \$35.45 Materials \$49.45 Equipment \$10.00 Other Required Costs State Board \$20.00
Testing & Reg. \$10.00
 Estimated minimum total cost to complete program \$ 404.90

High School Diploma Required: Yes X No (or equivalent)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology, Chemistry, Sociology, Psychology

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Auto Body Repair

Starting Date(s) November 13, 1967, November 27, 1967

Program located at 2815 West Locust, Davenport, Iowa, Mississippi Fairgrounds

February 26 and May 20, 1968

Fall date will be September 3, 1968

Basic Subject Taught (names)	Basic Math	Welding	Metal Working	Filling Materials	Frame Straighten.	Major Body Repair	Glass Service	Hardware Repair
No. different Subject Levels								
Total Hours of Class Training	20	60	50	10	82	762	20	10
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Refinishing	Shop Management	Front End Alignment					
No. different Subject Levels								
Total Hours of Class Training	350	10	20					
Minimum Requirement to Receive Credit								

One year-47 weeks

Length of Training Program less legal holidays Average Enrollment: Men 18 Women Total Capacity 22

of Students aged: 19 or under 8 20-24 4 25-29 1 30 or over 5

Tuition: Total \$280.00 per year for Iowa resident Monthly Basis N/A Payment Plan Quarterly-\$70.00
\$420.00 per year for non-resident

Books \$30.00 Materials \$5.00 Equipment None Other Required Costs None

Estimated minimum total cost to complete program \$

High School Diploma Required: Yes x No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Welding and Math

Pre-enrollment or Placement test: Yes x No Tests Used Lorge-Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa

Specific Training Program Auto Mechanics

Starting Date(s) October 2, 1967-this year

Program located at 810 West River Drive, Davenport, Iowa

Fall term will begin September 3, 1968

Basic Subject Taught (names)	Shop Processes and Practices	Electrical Systems and Tune-up	Power Train		Suspension and Brakes
No. different Subject Levels	Post High School				
Total Hours of Class Training	200	500	500		200
Minimum Requirement to Receive Credit	Basic Understanding of troubleshooting techniques and repair of modern automobiles.				
	Not specialization				

Basic Subject Taught (names)	N/A						
No. different Subject Levels	N/A						
Total Hours of Class Training	N/A						
Minimum Requirement to Receive Credit	N/A						

One year-47 weeks less

Length of Training Program legal holidays Average Enrollment: Men 15 Women 0 Total Capacity 24

No. of Students aged: 19 or under 20 20-24 3 25-29 2 30 or over 1

Tuition: Total \$280 per year for Iowa resident Monthly Basis N/A Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$15.00 Materials - Equipment - Other Required Costs Uniform cleaning \$60

Estimated minimum total cost to complete program \$ 355.00

High School Diploma Required: Yes x No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Algebra

Pre-enrollment or Placement test: Yes x No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Interior Decorating Assistant
 Program located at 1829 State Street, Bettendorf, Iowa

Starting Date(s) October 2, 1967
 Fall term will begin September 3, 1968

Basic Subject Taught (names)	Color Coordination	Period History	Knowledge Mat. & Use	Coord. of Furn. Rm. Layout	Estm. all fields Dec.	Household Equipment	Rdng & Pln. From Blprnt.	Business Procedure
No. different Subject Levels	Basic Color Mono. & Rel.	French Ital. Cont.	Fibers Synth.		Drapes, Car. Wlpr. Tile	Fntu. Crpt. Rods, Drps.	Comm. Resdnt.	Contacts Dec. fees
Total Hours of Class Training	80	96	200	200	200	100	100	24
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Human Relations	Complete Layout Comm.	Complete Layout Res.	Salesmshp.				
No. different Subject Levels	Customer info. dec. to fit client.			Approach Closing				
Total Hours of Class Training	24	50	50	48				
Minimum Requirement to Receive Credit								

One year-47 weeks less

Length of Training Program legal holidays Average Enrollment: Men 0 Women 10 Total Capacity 18

No. of Students aged: 19 or under 8 20-24 2 25-29 30 or over

Tuition: Total \$280 per year for Iowa resident Monthly Basis - Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$9.50 Materials \$10.50 Equipment - Other Required Costs Registration \$5.00
Testing \$5.00

Estimated minimum total cost to complete program \$300.00

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Art, Textiles

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Mechanical Engineering Technology Starting Date(s) September 5, 1967
Program located at 810 West River Drive, Davenport, Iowa

Basic Subject Taught (names)	Math	Manf. Processes	Drafting	Engineering Science	Mthds. & Oper. Anal.	Machine Design	Prod. Control	Economics
No. different Subject Levels	Post High School							
Total Hours of Class Training	230	420	470	470	230	260	290	45
Minimum Requirement to Receive Credit	Comple of each subject with a grade of D or better							

Basic Subject Taught (names)	Tool and Die Design	Human Relations	Indus. Org.	Technical Writing				
No. different Subject Levels	Post High School							
Total Hours of Class Training	240	45	75	100				
Minimum Requirement to Receive Credit	Completion of each subject with a grade of D or better							

Two years - 94 weeks less

Length of Training Program legal holidays Average Enrollment: Men 25 Women 0 Total Capacity 30

No. of Students aged: 19 or under 20 20-24 4 25-29 3 30 or over 3

Tuition: Total \$280 per year for Iowa resident Monthly Basis - Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$60.00 yearly Materials \$10.00 Equipment \$25.00 Other Required Costs Registration \$5.00 Yearly
Testing \$5.00

Estimated minimum total cost to complete program \$ 730.00

High School Diploma Required: Yes x No Or equivalent

Pre-requisite courses required High School Algebra

Specific Pre-requisite Courses recommended Second course in Algebra, Physics, Drawing, Trigonometry

Pre-enrollment or Placement test: Yes x No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Medical Laboratory Assistants Starting Date(s) March 6, 1967-68 (Spring)
Program located at 909 E. River Drive, Davenport, Iowa Sept. 5, 1967-68 (Fall)

Basic Subject Taught (names)	Basic Chem. Math	Bacteriology	Histology Body Struc.	EKG/BMR	Hematology	Blood Bank	Urinalysis	Clinical Chemistry
No. different Subject Levels	Quarter I	Quarter I	Quarter I	Quarter I	Quarter II	Quarter II	Quarter I	Quarter II
Total Hours of Class Training	48	120	84	36	156	120	72	108
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	VPCR	Family & Life Span	Applied Ethics	Hematology II	Bacteriology II	Clinical ChemistryII	Urinalysis II	BMR/EKG	Blood Bank II
No. different Subject Levels	Quarter I	Quarter I	Quarter II	III Quarter IV	III Quarter IV	III Quarter IV	III Quarter IV	III Quarter IV	III QuarterIV
Total Hours of Class Training	30	45	15	240	200	240	120	40	120
Minimum Requirement to Receive Credit									

Length of Training Program One year-52 weeks (less legal holidays) Average Enrollment: Men 1 Women 19 Total Capacity 24

No. of Students aged: 19 or under 14 20-24 4 25-29 1 30 or over 1

Tuition: Total \$280.00 per year-Iowa resident Monthly Basis N/A Payment Plan Quarterly - \$70.00
\$420.00 per year-Non resident

Books \$42.68 3 uniforms 31.50 Materials 1 name pin 1.00 Equipment None Other Required Costs Testing & Registration 10.00
Certification 10.00
Estimated minimum total cost to complete program \$ 375.18

High School Diploma Required: Yes X No (or equivalent)
Pre-requisite courses required None
Specific Pre-requisite Courses recommended Chemistry - Biology - Math - Sociology
Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Office Education, Clerical Program Starting Date(s) Sept. 5, Nov. 27, 1967 & Feb. 26 - May 20, 1968
 Program located at 1829 State Street, Bettendorf, Iowa

Basic Subject Taught (names)	Typing	Transcribing Machines	Filing	Office Machines	Job Interview	Grooming & Human Rel.	Record Keeping	Communication Skills
No. different Subject Levels	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.	Post Sec.
Total Hours of Class Training	120	50	45	45	10	20	70	35
Minimum Requirement to Receive Credit	100%	100%	100%	100%	100%	100%	100%	100%

Basic Subject Taught (names)	Business Behavior	Business Law Concepts	Telephone Techniques					
No. different Subject Levels	Post Sec.	Post Sec.	Post Sec.					
Total Hours of Class Training	20	20	20					
Minimum Requirement to Receive Credit	100%	100%	100%					

Length of Training Program 24 Weeks Average Enrollment: Men 0 Women 20 Total Capacity 20

No. of Students aged: 19 or under 13 20-24 3 25-29 0 30 or over 0

Tuition: Total \$140.00 for Iowa Residents Monthly Basis N/A Payment Plan Quarterly - \$70.00
\$210.00 for Non Residents

Books \$25.00 Materials None Equipment None Other Required costs None

Estimated minimum total cost to complete program \$ 165.00

High School Diploma Required: Yes X No (or equivalent)

Pre-requisite courses required Typewriting

Specific Pre-requisite Courses recommended 1st & 2nd year typewriting, office practice

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal, Nonverbal, Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Computer Programming Starting Date(s) September 5, 1967

Program located at 1001 Harrison Street, Davenport, Iowa

Basic Subject Taught (names)	Bus. Org.	Bus. Econ.	Fortran Prog.	Sys. Analysis	Auto Coder Prog.	Res. Project	Dir.-Acc. File Prog.	Cobol Prog.
No. different Subject Levels	Post-Sec.							
Total Hours of Class Training	48	72	115	115	120	240	120	240
Minimum Requirement to Receive Credit	48	72	115	115	120	240	120	240

Basic Subject Taught (names)	Prog. Fund.	Intro. to E.D.P.	Acctg.	Business Comm.	Business Psych.	Symbolic Prog.	App. & Proc.	Statistics
No. different Subject Levels	Post-Sec.							
Total Hours of Class Training	115	345	304	69	46	631	120	120
Minimum Requirement to Receive Credit	115	345	304	69	46	631	120	120

Two years-94 weeks less

Length of Training Program legal holidays Average Enrollment: Men 32 Women 26 Total Capacity 58

No. of Students aged: 19 or under 46 20-24 9 25-29 1 30 or over 2

Tuition: Total \$280 per year for Iowa resident Monthly Basis Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$60.00 yearly Materials - Equipment - Other Required Costs Registration \$5.00
Testing \$5.00

Estimated minimum total cost to complete program \$ 695.00

High School Diploma Required: Yes x No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Math, English, Accounting

Pre-enrollment or Placement test: Yes X No Tests Used Large-Thorndike, Verbal-Nonverbal-Total, Programmer Aptitude Test

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Drafting

Starting Date(s) February 26, 1968

Program located at 810 West River Drive, Davenport, Iowa

Fall term will begin September 3, 1968

Basic Subject Taught (names)	Manufac. Methods	Drafting Techniques	Math	Kinematics	Applied Mechanics	Dimensional Metrology		
No. different Subject Levels	Post High School							
Total Hours of Class Training	100	700	75	50	50	25		
Minimum Requirement to Receive Credit	Be able to enter various industries as a technical draftsman.							

Basic Subject Taught (names)	N/A							
No. different Subject Levels	N/A							
Total Hours of Class Training	N/A							
Minimum Requirement to Receive Credit	N/A							

One year-47 weeks less

Length of Training Program legal holidays Average Enrollment: Men 25 Women 2 Total Capacity 30

No. of Students aged: 19 or under 20 20-24 5 25-29 3 30 or over 2

Tuition: Total \$280 per year for Iowa resident Monthly Basis N/A Payment Plan Quarterly-\$70.00

Books \$30.00 Materials \$5.00 Equipment \$15.00 Other Required Costs Registration \$5.00
Testing \$5.00

Estimated minimum total cost to complete program \$ 280.00

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Algebra, Physics

Pre-enrollment or Placement test: Yes X No Tests Used Large-Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Electronic Engineering Technology Starting Date(s) September 5, 1967
 Program located at 810 West River Drive, Davenport, Iowa

	Tech. Math	Tech. Drafting	Tech. Writing	Econ. & Hum. Relat.	Eng. Science	Elec. Dev. & Circuits	Bsc. Elect. Dev. & Circ	Elec. Circ. Des. & Anal
Basic Subject Taught (names)								
No. different Subject Levels	Post High	School						
Total Hours of Class Training	235	300	92	92	115	470	230	230
Minimum Requirement to Receive Credit	Completion of each course or subject with a grade of D or better							

	Elec. Circ. Cons. Tech.	Elec. Comm.	Indus. Electronics	Computers	Microwave Comm & Rad.	Appl. of Test Equip.		
Basic Subject Taught (names)								
No. different Subject Levels	Post High	School						
Total Hours of Class Training	90	230	240	168	216	92		
Minimum Requirement to Receive Credit	Same as above							

Two years-94 weeks less

Length of Training Program legal holidays Average Enrollment: Men 25 Women 0 Total Capacity 30(2 classes)

(2 classes)

No. of Students aged: 19 or under 20 20-24 4 25-29 3 30 or over 3

Tuition: Total \$280 per year for Iowa resident Monthly Basis - Payment Plan Quarterly-\$70.00

Books \$60.00 per year Materials \$25.00 Equipment \$35.00 Other Required Costs Registration \$5.00
Testing \$5.00

Estimated minimum total cost to complete program \$ 755.00

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required High School Algebra

Specific Pre-requisite Courses recommended Second course in Algebra, Physics, Trig.

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program General Machine Operators

Starting Date(s) January 8, 1968

Fall term will begin September 3, 1968

Basic Subject Taught (names)	Engine Lathe	Milling Machine	Grinding	Sawing	Drilling	Blueprint	Shop Math	Turret Lathe
No. different Subject Levels								
Total Hours of Class Training	390	210	135	20	25	110		90
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Bench Work						
No. different Subject Levels							
Total Hours of Class Training	50						
Minimum Requirement to Receive Credit	Must complete to receive credit						

One Year-47 weeks less

Length of Training Program legal holidays Average Enrollment: Men 13 Women 2 Total Capacity 15

No. of Students aged: 19 or under 0 20-24 3 25-29 6 30 or over 6

Tuition: Total \$280 per year for Iowa resident Monthly Basis - Payment Plan Quarterly-\$70.00
\$420 per year for non-resident

Books \$25.00 Materials \$10.00 Equipment \$75.00 Other Required Costs Registration \$5.00
Testing \$5.00

Estimated minimum total cost to complete program \$

High School Diploma Required: Yes x No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes x No Tests Used Large Thorndike, Verbal-Nonverbal-Total

SPECIALIZED SCHOOL NAME Eastern Iowa Community College

ADDRESS 1829 State Street, Bettendorf, Iowa (Administrative Office)

Specific Training Program Radio & TV Repair 5:30 P.M.-11:00 P.M. Mon.-Starting Date(s) Oct. 2, 1967, Feb. 26, 1968,
 Program located at 810 W. River Drive, Davenport, Iowa Thurs. May 20, 1967. Fall term will begin Sept. 3, 1968.

	Begin Sept. 5, 1960.							
Basic Subject Taught (names)	DC Circuits	AC Circuits	Use of test equipment	Semi- conductors	Basic elec- tronic circuits	Trbl. shrng.	Antennas	TV
No. different Subject Levels	One, Basically Post High School -----							
Total Hours of Class Training	50	50	100	150	100	350	50	100
Minimum Requirement to Receive Credit	Basic Understanding of Modern Electronics Service Techniques.							

Basic Subject Taught (names)	Human Relations						
No. different Subject Levels	One, Basically Post High School -----						
Total Hours of Class Training	50						
Minimum Requirement to Receive Credit							

Length of Training Program One year-47 weeks (less legal holidays) Average Enrollment: Men 8 Women 0 Total Capacity 18

No. of Students aged: 19 or under 10 20-24 4 25-29 2 30 or over 2

Tuition: Total \$280 per year Iowa resident Monthly Basis N/A Payment Plan Quarterly - \$70.00
\$420 per year Non resident

Books \$15 Materials \$10 Equipment \$15 Other Required Costs \$10

Estimated minimum total cost to complete program \$ \$330

High School Diploma Required: Yes X No (or equivalent)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Algebra

Pre-enrollment or Placement test: Yes X No Tests Used Large Thorndike, Verbal-Nonverbal-Total

10/10/10

10/10/10

10/10/10

SPECIALIZED SCHOOL NAME Area X - Area Community College
 Street 107 8th Avenue, S. E.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 366-5321 Area Code 319 Administrator Dr. Selby Ballantyne
 Sponsor or Owner Merged Area X
 School Accredited by State Department of Public Instruction
 Application for admission mailed to: Name Donald J. Page Title Director of Student Personnel
 Fee required with enrollment application: Amount \$10 Refundable: Yes No X (unless student is denied admission)
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: Depends upon program; generally in the fall
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Donald J. Page Address
 Prospective Students: G. W. Eddings Address
Jack E. Neuzil Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes X No When At student's convenience
 By whom tested member of staff Position
 Personal interview required: Yes X No When At Student's Convenience
 By whom tested member of staff Position
 Graduate placement service: Yes X No Person or agency responsible Student Personnel Services
 Student, part time work, placement service: Yes X No
 Person or agency responsible Student Personnel Services
 First term progress report sent to: Parents Students X High School X Other
 Students live: At home 60 % School owned % YMCA/YWCA % Private home 5 %
 Public facilities % Private rooming house 35 % Other %
 Financial aids available: Loans Workstudy Scholarship Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes No Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Refund total minus 10% per week until mid-term after which time entire amount is retained by school. Fees and textbooks are not refunded.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X Not applicable

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Electronics Technology STARTING DATE Fall

Basic Subject Taught (names)	Psychology Orientation	Technical Math	Direct Currents	Time-Varying Circuits	Shop Processes	Common Skills & Tech.	Vacuum Tubes	Communica. Electronics
No. different Subject Levels	3	2	1	1	1	4	2	1
Total Hours of Class Training	110	300	150	150	100	380	150	150
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Technical Drawing	Engineering Science	Instruments & control	Transistors	Industrial Electronics	Pulse&Switch Circuits	Electronic Computers	Microwave Theory
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	100	100	100	150	100	150	100	150
Minimum Requirement to Receive Credit								

Length of Training Program Two years Total Capacity 22 each year

Average Enrollment: Men 36 Women 1st Term Students 20 Other Than 1st Term Students 16

No. of Students aged: 19 or under 30 20-24 6 25-29 30 or over

Tuition: Total \$400.00 Monthly Basis Payment Plan arrangements may be made

Other Fees \$5.00 per semester Books \$50.00 per year Materials \$5-10 yearly Equipment \$10.00

Pre-requisite courses required High School Algebra, Geometry

Specific Pre-requisite Courses recommended Physics; high school grade average "c" or better; electronics helpful

Pre-enrollment or Placement test: Yes X No Tests Used Aptitude Test Battery, from Iowa State Employment Service

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College
PROGRAM Floriculture

STARTING DATE Fall

Basic Subject Taught (names)	Basic Botany	Plant Cult. Practices	Crop Studies	Floral Design	Greenhouse Maintenance	Business Management	Field Experience	Florist Shop Operation
No. different Subject Levels	1	1	1	1	1	1	2	1
Total Hours of Class Training	20	160	140	260	20	180	400	100
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10½ months Total Capacity 30

Average Enrollment: Men 10 Women 15 1st Term Students 25 Other Than 1st Term Students

No. of Students aged: 19 or under 15 20-24 6 25-29 2 30 or over 2

Tuition: Total \$200.00 Monthly Basis no Payment Plan if necessary

Other Fees \$20.00 lab fees Books \$10 Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended bookkeeping, business, and art

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Mechanical Engineering Technology STARTING DATE Fall _____

Basic Subject Taught (names)	Orientation	Technical Drafting	Technical Math	Materials of Industry	Manufacturing Processes	Common Skills Tech. Rep.	Statics	Design Problems
No. different Subject Levels	1	2	2	1	2	2	1	2
Total Hours of Class Training	10	360	320	80	200	180	100	240
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Strength of Materials	Basic Mech.	Electricity	Tool & Mach. Design	Production Quality Cont.	Hydraulics	Psychology Human Rel.	American Institutions
No. different Subject Levels	1	1	1	1	1	1	1	2
Total Hours of Class Training	100	180	80	180	100	80	60	100
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 40 20 each year

Average Enrollment: Men 33 Women _____ 1st Term Students 18 Other Than 1st Term Students 15

No. of Students aged: 19 or under 30 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$400.00 Monthly Basis _____ Payment Plan Arrangements may be made

Other Fees \$5.00 per semester Books \$50 yearly Materials \$5-10 Equipment \$10

Pre-requisite courses required Algebra and Geometry

Specific Pre-requisite Courses recommended Physics, grade point "C" or better; Drafting, Machine Shop

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB, from Iowa State Employment Service

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Practical Nursing STARTING DATE September

	Nursing Care	Special Situations	Body Struc. & Function	Per. Voc. Commu. Rela.	Family & Life Span	Care of Children	Mother & Infant	
Basic Subject Taught (names)								
No. different Subject Levels	1	1	1	1	1	1	1	
Total Hours of Class Training	600	300	64	40	40	500	500	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 11 months Total Capacity 20

Average Enrollment: Men 20 Women 20 1st Term Students 20 Other Than 1st Term Students

No. of Students aged: 19 or under 10 20-24 5 25-29 3 30 or over 2

Tuition: Total \$250 Monthly Basis no Payment Plan Sept. \$100; Jan. \$75; Apr \$75

Other Fees Uniforms \$40 Books \$35 Materials \$40, watch, hose Equipment Exam \$20

Pre-requisite courses required High School Graduate of equivalent

Specific Pre-requisite Courses recommended Algebra and biology

Pre-enrollment or Placement test: Yes X No Tests Used IPAT, Otis, and Reading Test

SPECIFIC TRAINING PROGRAMS

Area X - Area Community School
PROGRAM Welding

STARTING DATE Fall and winter

Basic Subject Taught (names)	Arc Welding Metallurgy	Semi-auto Welding	Oxy.-acetyl. Welding	Heli-arc Welding	Shop Safety	Symbols & Rel.		
No. different Subject Levels	1	1	1	1	1	1		
Total Hours of Class Training	434	40	20	40	20	10		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program five months Total Capacity 15

Average Enrollment: Men 12 Women 1st Term Students 12 Other Than 1st Term Students

No. of Students aged: 19 or under 10 20-24 1 25-29 1 30 or over

Tuition: Total \$100 Monthly Basis Payment Plan if necessary

Other Fees \$25.00 Books \$5.00 Materials none Equipment \$5-10

Pre-requisite courses required none

Specific Pre-requisite Courses recommended shop

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Automotive Tech. and Mechanics **STARTING DATE** Fall

	Shop Practices	Electricity & Fuel	Tune-up & Testing	Engine Rebuilding	Transmissions	Brakes & Front-end	Drive-line Services	Body Services
Basic Subject Taught (names)								
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	60	150	240	240	150	180	30	30
Minimum Requirement to Receive Credit								

	Customer Relations						
Basic Subject Taught (names)							
No. different Subject Levels	1						
Total Hours of Class Training	30						
Minimum Requirement to Receive Credit							

Length of Training Program 10 months Total Capacity 20

Average Enrollment: Men 19 Women 1st Term Students 19 Other Than 1st Term Students

No. of Students aged: 19 or under 19 20-24 25-29 30 or over

Tuition: Total \$200 Monthly Basis Payment Plan if necessary

Other Fees none Books \$10.00 Materials \$40.00 Equipment

Pre-requisite courses required Mechanical Drawing, Auto mechanics shop, shop mathematics

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Auto Collision Repair STARTING DATE March 1967; Fall thereafter

Basic Subject Taught (names)	Related Instruction	Safety & Equipment	Chassis & Frame	Welding	Filling	Refinishing	Glass & Trim	Upholstery
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	150	50	375	50	100	300	75	45
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10 months Total Capacity 15

Average Enrollment: Men 15 Women _____ 1st Term Students 15 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan If necessary

Other Fees undetermined at this time Books \$10.00 Materials none Equipment none

Pre-requisite course: required none

Specific Pre-requisite Courses recommended High School Shop and Auto Mechanics

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Data Processing Programmer Ass't STARTING DATE September

Basic Subject Taught (names)	Programming	Systems	Related					
No. different Subject Levels	3	2	1					
Total Hours of Class Training	500	200	200					
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program six months Total Capacity 12

Average Enrollment: Men 12 Women 12 1st Term Students 12 Other Than 1st Term Students

No. of Students aged: 19 or under 10% 20-24 10% 25-29 20% 30 or over 60%

Tuition. Total \$50 per nine weeks Monthly Basis no Payment Plan no

Other Fees \$20 per nine weeks Books none Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended typing, officer practices

Pre-enrollment or Placement test: Yes X No Tests Used IBM Programmers

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM ~~Key Punch~~ ~~Verifier Operator~~ STARTING DATE ~~June~~, ~~September~~, ~~February~~

Basic Subject Taught (names)	Keypunching	Data Processing	Related				
No. different Subject Levels	1	1	1				
Total Hours of Class Training	80	40	20				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Four weeks Total Capacity 12

Average Enrollment: Men 12 Women 12 1st Term Students 12 Other Than 1st Term Students

No. of Students aged: 19 or under 10% 20-24 20% 25-29 40% 30 or over 30%

Tuition: Total \$35.00 Monthly Basis Payment Plan

Other Fees none Books none Materials none Equipment none

Pre-requisite courses required Typing speed of approx. 40 wpm

Specific Pre-requisite Courses recommended Business Education

Pre-enrollment or Placement test: Yes X No Tests Used IBM Keypunch Operator and Typing

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Computer Programmer STARTING DATE September, June, and February

Basic Subject Taught (names)	Programming	Systems	Related				
No. different Subject Levels	3	2	2				
Total Hours of Class Training	650	250	350				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program one year Total Capacity 45

Average Enrollment: Men 16 Women 1st Term Students 10 Other Than 1st Term Students 6

No. of Students aged: 19 or under 10 20-24 30 25-29 50 30 or over 10

Tuition: Total \$50.00 per nine week term Monthly Basis no Payment Plan no

Other Fees \$20.00 per term Books none Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No Tests Used IBM PAT

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College
Data Processing Computer

PROGRAM Programmer Analyst STARTING DATE _____

Basic Subject Taught (names)	Programming	Systems	Related				
No. different Subject Levels	3	2	1				
Total Hours of Class Training	800	350	550				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program two years Total Capacity 10

Average Enrollment: Men 5 Women _____ 1st Term Students 5 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 3 25-29 2 30 or over _____

Tuition: Total \$50 per nine week term Monthly Basis no Payment Plan if necessary

Other Fees \$20 per term Books none Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmer Aptitude Test

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College
PROGRAM --- Clerical Training ---

STARTING DATE Jan. 1967; Fall each year ---

Basic Subject Taught (names)	Typewriting Development	Equipment & Machines	Records Management	Bookkeeping	Letters & Report Writing	Mail & Tele.	Business Math	Eng. Spell. Vocabulary
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	130	175	30	100	60	25	60	90
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Charm Development	Seeking Employment	Field Experience					
No. different Subject Levels	1	1	2					
Total Hours of Class Training	25	5	400					
Minimum Requirement to Receive Credit								

Length of Training Program 30 weeks Total Capacity 40

Average Enrollment: Men Women 40 1st Term Students 20 Other Than 1st Term Students 20

No. of Students aged: 19 or under 20-24 25-29 30 or over

Tuition: Total \$167.00 Monthly Basis no Payment Plan if necessary

Other Fees undetermined Books undetermined Materials undetermined Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended typing and business education

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Computer Operator STARTING DATE _____

Basic Subject Taught (names)	Programming	Systems	Related				
No. different Subject Levels	3	2	1				
Total Hours of Class Training	500	200	200				
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 27 weeks Total Capacity 12

Average Enrollment: Men 9 Women 3 1st Term Students 12 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Evening Machine Shop STARTING DATE Every 10 Months

Basic Subject Taught (names)	Math & Blueprints	Safty	Measuring Tools	Bench Work	Drill Press	Lathe Operation	Turret Lathe	Milling Machines
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	135	40	40	36	66	175	107	135
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Grinding	Hydraulics						
No. different Subject Levels	1	1						
Total Hours of Class Training	33	33						
Minimum Requirement to Receive Credit								

Length of Training Program 10 months Total Capacity 18

Average Enrollment: Men 15 Women 1st Term Students 15 Other Than 1st Term Students

No. of Students aged: 19 or under 3 20-24 7 25-29 3 30 or over 2

Tuition: Total \$160 Monthly Basis no Payment Plan if necessary

Other Fees none Books \$15 Materials \$30 Equipment

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Machine shop, Drafting, Shop, Shop math

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM Machine Tool Operators STARTING DATE Fall

Basic Subject Taught (names)	Math & Blueprints	Safety	Measuring Tools	Bench Work	Drill Press	Lathe Operation	Turret Lathe	Milling Machines
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	200	60	60	55	100	260	75	200
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Grinding	Hydraulics						
No. different Subject Levels	1	1						
Total Hours of Class Training	50	50						
Minimum Requirement to Receive Credit								

Length of Training Program 10 months Total Capacity 20

Average Enrollment: Men 19 Women 1st Term Students 19 Other Than 1st Term Students

No. of Students aged: 19 or under 10 20-24 5 25-29 3 30 or over 1

Tuition: Total \$200 Monthly Basis no Payment Plan if necessary

Other Fees none Books \$15 Materials \$30 Equipment

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Machine Shop, Drafting, Shop, Shop Math

Pre-enrollment or Placement test: Yes X No Tests Used GATB

Area X - Area Community College

SPECIALIZED SCHOOL NAME University of Iowa School of X-Ray Technology

Street University of Iowa

City Iowa City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 338-0525 Ext. 575 Area Code 319 Administrator E. F. Van Epps, M.D., Head of Radiology
Robert C. Hardin, M.D., Dean

Sponsor or Owner University of Iowa Mr. R. S. Macy, Head of X-Ray Technology

School Accredited by American Registry of X-Ray Technicians

Application for admission mailed to: Name Dr. E. F. Van Epps Title Dean

Fee required with enrollment application: Amount none Refundable: Yes No N.A.

Is fee applied toward tuition and other charges: Yes No N.A.

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes X No High School recommendation: Requested X Required

Dates student may begin classes: Approximately Sept. 1

School visitation: Recommended X Required Includes: Parents Students X Counselors

Persons responsible for contacting N.A. Address

Prospective Students: Address

 Address

Compensated by: Straight Salary Commission Salary plus commission

Entrance Testing required: Yes X No When Prior to acceptance

By whom tested United States Employment Service Position

Personal interview required: Yes X No When After application has been made to the school

By whom tested Mr. Macy Position Head of X-Ray Technology

Graduate placement service: Yes No X Person or agency responsible

Student, part time work, placement service: Yes X No

Person or agency responsible University Office of Student Affairs

First term progress report sent to: Parents Students X High School Other

Students live: At home X % School owned X % YMCA/YWCA % Private home 1 %

Public facilities % Private rooming house % Other %

Financial aids available: Loans Workstudy Scholarship Other See Below *

Monthly room and board cost: Dorm--\$66/mo.-private; \$56/mo double Admission Fee: \$150

Application for financial aid required: Yes No X Deadline Date

Director of financial aid none

Tuition refund policy and schedule N.A.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

*Beginning with the second semester, the student receives a stipend of \$60/mo; through the second year, students receive a stipend of \$120/mo.

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

PROGRAM X-Ray Technology STARTING DATE Approx. Sept. 1

Basic Subject Taught (names)	Physics	Anatomy	X-Ray Technique	Dark Room Chemistry	X-Ray Positions			
No. different Subject Levels	1	1	1	1	1			
Total Hours of Class Training	There is a minimum of 20 class hours per course							
Minimum Requirement to Receive Credit	Passing grade of 70 in each subject							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 24 calendar months Total Capacity 34

Average Enrollment: Men 15% Women 85% 1st Term Students 17 Other Than 1st Term Students 17

No. of Students aged: 19 or under 80% 20-24 15% 25-29 5% 30 or over

Tuition: Total \$180 for the two years Monthly Basis \$50 down, bill monthly Payment Plan \$118 first year; \$62 second year

Other Fees Books \$35 Materials Equipment Uniforms

Pre-requisite courses required Physics

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No Tests Used B-326 Aptitude Test

Area X - Area Community College
SPECIALIZED SCHOOL NAME University of Iowa School of Practical Nursing
Street University of Iowa
city Iowa City

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 353-5216 Area Code 319 Administrator Dean Dustin, College of Nursing
Sponsor or Owner Mrs. Merle Heick, Coordinator, Practical Nursing
School Accredited by State Board of Nursing
Application for admission mailed to: Name Mrs. Heick Title Coordinator
Fee required with enrollment application: Amount None Refundable: Yes No
Is fee applied toward tuition and other charges: Yes No
Notification of acceptance: To student X To parent To high school None
High school transcript required: Yes X No High School recommendation: Requested Required
Dates student may begin classes: September according to the University calendar
School visitation: Recommended Required X Includes: Parents Students X Counselors
Persons responsible for contacting Mrs. Merle Heick Address Practical Nursing Program
Prospective Students: Address College of Nursing
 Address University of Iowa, Iowa City, Iowa
Compensated by: Straight Salary X Commission Salary plus commission
Entrance Testing required: Yes X No When Following application
By whom tested University Testing Service Position
Personal interview required: Yes X No When Following application
By whom tested Faculty of Dept. of Prac. Nursing Position
Graduate placement service: Yes No X Person or agency responsible
Student, part time work, placement service: Yes X No
Person or agency responsible Office of Student Affairs
First term progress report sent to: Parents X(Under 21) Students X High School Other
Students live: At home X % School owned X % YMCA/YWCA % Private home X %
Public facilities X % Private rooming house % Other %
Financial aids available: Loans X Workstudy Scholarship X Other
Monthly room and board cost: Dorm-\$66/mo. single \$56/mo. Admission Fee: \$50 after admission
Application for financial aid required: Yes X No doubt Deadline Date Best at time of admission
Director of financial aid Mrs. Heick
Tuition refund policy and schedule Based on University of Iowa policy

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Area X - Area Community College

University of Iowa School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE September

Basic Subject Taught (names)	Nursing Skills	Social-Psychological Sciences	Health Sciences				
No. different Subject Levels	3	3	3				
Total Hours of Class Training	30+ hours weekly						
Minimum Requirement to Receive Credit	41 semester hours						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program one year Total Capacity 35

Average Enrollment: Men 3% Women 97% 1st Term Students all Other Than 1st Term Students

No. of Students aged: 19 or under 29% 20-24 40% 25-29 30% 30 or over 1%

Tuition: Total \$358 (Iowa resident) Monthly Basis yes Payment Plan \$150/sem. payable monthl;
\$508 (non resident) \$ 58 payable in lump sum

Other Fees Books \$45 Materials Uniforms - Appro Equipment

Pre-requisite courses required High school diploma or equivalent.

Specific Pre-requisite Courses recommended Science and mathematics

Pre-enrollment or Placement test: Yes X No Tests Used Preliminary Admission Classification Examination, Otis I. Q.

General Mathematics Test.

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Practical Nurse Education Starting Date(s) September

Basic Subject Taught (names)	Body Struc- ture & Function	PVCR	Family & Life Span	Normal Nut. Diet Ther.	Nursing Care of Children	Nrsg. Care Mothers & Infants	Nrsg. Care Adult Patients	Nrsg. Care Adult Patients	II
No. different Subject Levels									
Total Hours of Class Training	64	44	54	52	46	40	70	110 Class 310 Clinic	Hrs. Hrs.
Minimum Requirement to Receive Credit	C	C	C	C	C	C	C	C	

Basic Subject Taught (names)	First Aid Diaster Nrsg.	Transition Period						
No. different Subject Levels								
Total Hours of Class Training	20	72-Clinic						
Minimum Requirement to Receive Credit	C	C						

Length of Training Program 1 year Average Enrollment: Men 0 Women 25 Total Capacity 25No. of Students aged: 19 or under 12 20-24 4 25-29 2 30 or over 7Tuition: Total \$268.00 Monthly Basis \$67.00 per quarter Payment Plan \$67.00 per quarterBooks \$35.00 Uniforms \$39.50 Materials \$15.00 Equipment \$15.00 Other Required Costs State Board Exam \$20.00Estimated minimum total cost to complete program \$ 376.50High School Diploma Required: Yes X No or Successfully passing the G.E.D. TestPre-requisite courses required Additional Math and Science CoursesSpecific Pre-requisite Courses recommended Pre-enrollment or Placement test: Yes X No Tests Used Otis & Nelson-Denny Reading Test

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Dental Assistant Training Starting Date(s) September

Basic Subject Taught (names)	Prin of Dental Asst	Dental Theory	Dental Lab Assisting	Typing	Comm Skills	Personal Develop.	Orient-ation	Office Management
No. different Subject Levels	Post High School							
Total Hours of Class Training	192	120	72	120	72	24	24	48
Minimum Requirement to Receive Credit	No credit							

Basic Subject Taught (names)	Bookkeep.	Psychology Human Rel.	Clinical Exper.					
No. different Subject Levels								
Total Hours of Class Training	72	24	588					
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Average Enrollment: Men _____ Women 15 Total Capacity 14No. of Students aged: 19 or under 15 20-24 _____ 25-29 _____ 30 or over _____Tuition: Total \$268.00 Monthly Basis _____ Payment Plan _____

Books \$41.09 Materials \$20.00 Lab Fee _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 380.44

Uniforms \$36.90
Liab. Ins. 5.60
Name Pin .85

High School Diploma Required: Yes X No _____Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended TypingPre-enrollment or Placement test: Yes X No _____ Tests Used Hermon-Nelson & Nelson-Denny

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Automotive Mechanics & Technology Starting Date(s) September

Basic Subject Taught (names)	Shop Practices	Service Station Pra.	Elect. & Fuel Sy	Tune-up & Testing	Engine Rebuild	Clutch Trans.	Drive Line	Brakes & Front End
No. different Subject Levels								
Total Hours of Class Training	40	60	150	220	200	150	30	180
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Body Services	Customer Relations						
No. different Subject Levels								
Total Hours of Class Training	20	30						
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men 24 Women - Total Capacity 24

No. of Students aged: 19 or under 23 20-24 1 25-29 - 30 or over -

Tuition: Total \$201.00 Monthly Basis _____ Payment Plan \$67.00 per quarter tuition

Books \$40.00 Materials \$15.00 lab fee Equipment Hand Tools Other Required Costs Safety Glasses

Estimated minimum total cost to complete program \$ \$300.00

High School Diploma Required: Yes _____ No X (but recommended)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Auto Mechanics, Industrial Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Draftsman (Mechanical) Starting Date(s) _____

Basic Subject Taught (names)	Drafting	Com. Skills	Math	Manuf. Processes	Ind. Materials			
No. different Subject Levels	3	1	3	1	1			
Total Hours of Class Training	540	60	360	60	60			
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men 20 Women 2 Total Capacity 24

No. of Students aged: 19 or under 10 20-24 8 25-29 2 30 or over 2

Tuition: Total \$201.00 Monthly Basis _____ Payment Plan _____

Books \$50.00 Materials \$30.00 Equipment \$30.00 Other Required Costs Safety Glasses

Estimated minimum total cost to complete program \$ 315.00

High School Diploma Required: Yes _____ No X (but recommended)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Algebra, Geometry, Drawing

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, IowaSpecific Training Program Auto Collision Repair Starting Date(s) September

Basic Subject Taught (names)	Care of Equip.	Body Construct	Working of Metal	Filling	Welding	Chasis & Body Shell	Glass & Trim	Upholstery
No. different Subject Levels								
Total Hours of Class Training	50	25	100	100	50	200	75	45
Minimum Requirement to Receive Credit	Passing							

Basic Subject Taught (names)	Refinish- ing	Access & Electrical	Align- ment	Shop Management	Estimating		
No. different Subject Levels							
Total Hours of Class Training	300	50	50	15	20		
Minimum Requirement to Receive Credit	Passing						

Length of Training Program 36 weeks Average Enrollment: Men 16 Women - Total Capacity 16No. of Students aged: 19 or under 13 20-24 3 25-29 - 30 or over -Tuition: Total \$67.00 per 12 week quarter Monthly Basis _____ Payment Plan _____Total \$201.00Books \$10.00 Materials \$10.00 Lab fee _____ Equipment Basic Hand Tools Other Required Costs Safety GlassesEstimated minimum total cost to complete program \$ 300.00High School Diploma Required: Yes _____ No X RecommendedPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Industrial Arts - Auto Mechanics, General MathPre-enrollment or Placement test: Yes X No _____ Tests Used G.A.T.B.

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Keypunch-Verifier Operator Starting Date(s) Quarterly

Basic Subject Taught (names)	Keypunching						
No. different Subject Levels	1						
Total Hours of Class Training	80						
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 weeks Average Enrollment: Men 0 Women 11 Total Capacity 11

No. of Students aged: 19 or under 10% 20-24 20% 25-29 40% 30 or over 30%

Tuition: Total \$18.00 Monthly Basis _____ Payment Plan _____

Books None Materials \$5.00 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 23.00

High School Diploma Required: Yes X No _____ or equivalent

Pre-requisite courses required Typing speed of approximately 40 wpm.

Specific Pre-requisite Courses recommended Business education

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Keypunch Operator and Typing

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, IowaSpecific Training Program Home Furnishings MarketingStarting Date(s) September 1968

Note: Will start first program Nov. 1967

Basic Subject Taught (names)	Salesman- ship	Princ. of Retailing	Comm. Skills	Retail Math	Marketing Principles	Bkkg & Control	Lab.	On-the-Job Training
No. different Subject Levels								
Total Hours of Class Training	80	150	35	40	60	45	280	360
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Technical Study							
No. different Subject Levels								
Total Hours of Class Training	120							
Minimum Requirement to Receive Credit								

Length of Training Program 4 quarters Average Enrollment: Men _____ Women _____ Total Capacity 25No. of Students aged: 19 or under New program 20-24 _____ 25-29 _____ 30 or over _____Tuition: Total \$67.00 per quarter Monthly Basis _____ Payment Plan _____\$268.00 totalBooks approx. \$50.00 Materials \$10.00 Equipment _____ Other Required Costs _____Estimated minimum total cost to complete program \$ 330.00High School Diploma Required: Yes _____ No X (recommended)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Junior Accounting Starting Date(s) Sept., Nov., March

Basic Subject Taught (names)	Account. Princ.	Payroll & Tax Acct.	Cost Account.	Acct. Math	Comm. Skills	Data Proc.	Job Rel Inst.	Lab.
No. different Subject Levels								
Total Hours of Class Training	110	40	60	20	30	40	155	310
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	on-the-job Training	Bus. Machines	Business Law	Human Relations				
No. different Subject Levels								
Total Hours of Class Training	240	20	25	30				
Minimum Requirement to Receive Credit								

Length of Training Program 4 quarters Average Enrollment: Men Women Total Capacity 20

No. of Students aged: 19 or under New program 20-24 25-29 30 or over

Tuition: Total \$67.00 per quarter Monthly Basis Payment Plan

\$268.00

Books \$60.00 Materials \$10.00 Equipment Other Required Costs Total Lab Fee \$10.00

Estimated minimum total cost to complete program \$ 350.00

High School Diploma Required: Yes No X (recommended)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, IowaSpecific Training Program Nursery Marketing Starting Date(s) September

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Basic Subject Taught (names)	Retail Sales	Retail Merchan.	Comm. Skills	Business Math	Business Misc.	Nursery Mgmt.	Garden Shop Oper.	Plant Propagation
No. different Subject Levels								
Total Hours of Class Training	58	78	34	34	28	45	50	48
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Entomology & Biology	Plant Ident.	Landscape Planning	Turf Mgmt.	Landscape Const.	Work Exp.		Job Rel. Inst.
No. different Subject Levels								
Total Hours of Class Training	68	120	120	45	41	472		130
Minimum Requirement to Receive Credit								

Length of Training Program 39 1/2 weeks Average Enrollment: Men 17 Women 7 Total Capacity 24No. of Students aged: 19 or under 5 20-24 5 25-29 1 30 or over _____Tuition: Total \$218.00 Monthly Basis _____ Payment Plan _____Books \$50.00 Materials _____ Equipment _____ Other Required Costs Lab fee per quarter
Estimated minimum total cost to complete program \$ 310.00 \$10.00High School Diploma Required: Yes _____ No X (recommended)Pre-requisite courses required NoSpecific Pre-requisite Courses recommended Biology, Bookkeeping, General BusinessPre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Floriculture Starting Date(s) September

Basic Subject Taught (names)	Retail Sales	Retail Merchan.	Comm Skills	Business Math	Business Misc.		Greenhouse Growing
No. different Subject Levels							
Total Hours of Class Training	58	78	34	34	28		345 1/2
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)	Retail Florist		Work Exp.				
No. different Subject Levels	Shop Oper.						
Total Hours of Class Training	338 1/2		472				
Minimum Requirement to Receive Credit							

Length of Training Program 39 1/2 weeks Average Enrollment: Men 15 Women 9 Total Capacity 24No. of Students aged: 19 or under 13 20-24 2 25-29 _____ 30 or over 4Tuition: Total \$218.00 Monthly Basis _____ Payment Plan _____Books \$50.00 Materials \$18.00 Equipment _____ Other Required Costs Lab fee per quarter
\$10.00Estimated minimum total cost to complete program \$ 325.00High School Diploma Required: Yes _____ No X (recommended)Pre-requisite courses required NoSpecific Pre-requisite Courses recommended Art, Biology, Bookkeeping, General BusinessPre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Medical Assistant Training Starting Date(s) September

Basic Subject Taught (names)	Comm I, II	Medical Lab I, II	Med. Off. Prac I,II III	Med. Term.	Human Body Health & Disease I, II	Personal Voc.Rel. I,II,III	Bkkg. I,II,III	Personal Develop.
No. different Subject Levels								
Total Hours of Class Training	72	60	168	72	84	96	120	24
Minimum Requirement to Receive Credit	C	C	C	C	C	C	C	C

Basic Subject Taught (names)	Typing Med.	Psy. Human Relation.	First Aid	Insurance	Clinical			
No. different Subject Levels								
Total Hours of Class Training	144	48	24	12	408			
Minimum Requirement to Receive Credit	C	C	C	C	C			

Length of Training Program 1 year Average Enrollment: Men _____ Women 15 Total Capacity 25No. of Students aged: 19 or under 8 20-24 4 25-29 1 30 or over 2Tuition: Total \$268.00 Monthly Basis \$67.00 per quarter Payment Plan \$67.00 per quarterBooks \$54.05 Materials \$.85, \$5.00 Ins. Equipment \$10.00 Lab _____ Other Required Costs NoneEstimated minimum total cost to complete program \$ 347.00High School Diploma Required: Yes X No _____Pre-requisite courses required Typing

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Nelson Denny Henmon-Nelson

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, IowaSpecific Training Program Welding-Combination Starting Date(s) September

First 16 weeks ARC Welding

Basic Subject Taught (names)	Blueprint Reading	Related Instruction	Basic ARC	Industrial ARC				
No. different Subject Levels								
Total Hours of Class Training	24	96	180	180				
Minimum Requirement to Receive Credit								

Second 16 weeks- Advanced Welding

Basic Subject Taught (names)	Blueprint Reading	Related Instruction	OXY-Acetylene	Heliarc	Semi-Automatic			
No. different Subject Levels								
Total Hours of Class Training	24	96	180	100	80			
Minimum Requirement to Receive Credit								

Length of Training Program 32 weeks Average Enrollment: Men 16 Women - Total Capacity 16No. of Students aged: 19 or under 13 20-24 3 25-29 - 30 or over -Tuition: Total \$176.00 Monthly Basis - Payment Plan \$88.00 per 16 weeksFirst 16 weeks - \$88.00 tuition, \$35.00 Lab feeSecond 16 weeks - \$88.00 tuition, \$45.00 Lab feeBooks \$10.00 Materials \$80.00 Lab fee - Equipment - Other Required Costs Safety GlassesEstimated minimum total cost to complete program \$ 300.00High School Diploma Required: Yes - No X (but recommended)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended Industrial Arts, General Math, General SciencePre-enrollment or Placement test: Yes X No - Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, IowaSpecific Training Program Electronics Technology Starting Date(s) September

Basic Subject Taught (names)	Electric Circuits	Technical Math	Shop Processes	Com. Skills	Electronics	Tech. Com Drawing Electronics	Human Relations
No. different Subject Levels	2	3	1	3	3	2	1
Total Hours of Class Training	252	228	72	180	240	144	60
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)	Transistor	Ind. Electronics	Physics	Pulse & Switch	Elect. Projects	American Institut.	Elect. Computers	Micro-wave
No. different Subject Levels	1	1	2	1	2	1	1	1
Total Hours of Class Training	180	60	120	108	166	36	108	84
Minimum Requirement to Receive Credit								

Length of Training Program 2 years (72 weeks) Average Enrollment: Men 39 Women - Total Capacity 48 (24 every year)No. of Students aged: 19 or under 28 20-24 10 25-29 1 30 or over -Tuition: Total \$402.00 (2 years) Monthly Basis _____ Payment Plan _____Tuition \$67.00 per 12 week quarter, \$5.00 lab fee per quarterBooks \$120.00 Materials \$30.00 Equipment \$20.00 Other Required Costs Safety GlassesEstimated minimum total cost to complete program \$ 585.00High School Diploma Required: Yes _____ No X (but recommended)Pre-requisite courses required 2 years algebra or 1 yr algebra and 1 yr geometrySpecific Pre-requisite Courses recommended Physics, as much math as possible, Ind. Arts ElectronicsPre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Machinist Starting Date(s) September

Basic Subject Taught (names)	Math & BluePrint	Safety	Measuring Tools	Bench Work	Drill Press	Sawing	Engine Lathe	Turret Lathe
No. different Subject Levels								
Total Hours of Class Training	200	40	60	55	40	40	250	75
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Milling Machine	Grinding	Production Machines				
No. different Subject Levels							
Total Hours of Class Training	200	80	40				
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Average Enrollment: Men 20 Women Total Capacity 20

No. of Students aged: 19 or under 15 20-24 3 25-29 2 30 or over -

Tuition: Total \$201.00 Monthly Basis Payment Plan \$67.00 per quarter

Books \$32.00 Materials \$5.00 Lab fee Equipment \$30.00 Other Required Costs Safety Glasses

Estimated minimum total cost to complete program \$ 285.00

High School Diploma Required: Yes No X (but recommended)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Machine Shop, Drafting, Math

Pre-enrollment or Placement test: Yes X No Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Machine Shop (Evenings) Starting Date(s) Every 40 weeks

Basic Subject Taught (names)	Math & BluePrint	Safety	Measuring Tools	Bench Work	Drill Press	Sawing	Engine Lathe	Turret Lathe
No. different Subject Levels								
Total Hours of Class Training	150	40	20	50	20	20	200	75
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Milling Machines	Grinding	Production Machines					
No. different Subject Levels								
Total Hours of Class Training	150	50	25					
Minimum Requirement to Receive Credit								

Length of Training Program 40 weeks * Average Enrollment: Men 12 Women - Total Capacity 20

No. of Students aged: 19 or under - 20-24 4 25-29 5 30 or over 3

Tuition: Total \$160.00 Monthly Basis _____ Payment Plan _____

*Class meets, Monday, Tuesday, Wednesday, Thursday, 6:00 pm to 11:00 pm for a total of 20 hours per week.

Books \$32.00 Materials \$10.00 lab fee _____ Equipment \$30.00 Other Required Costs Safety Glasses

Estimated minimum total cost to complete program \$ 240.00

High School Diploma Required: Yes _____ No X (but recommended)

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School Machine Shop, Drafting, Math

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Mechanical Engineering Technology Starting Date(s) September

Basic Subject Taught (names)	Com. Skills	Eng. Drawing	Tech Math	Manu. Processes	Statics	Hydraulics	Human Relations	Mechanisms
No. different Subject Levels	3	4	2	2	1	1	1	1
Total Hours of Class Training	180	360	240	144	120	72	60	144
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Dynamics	American Institutions	Electricity	Strength of Material	Design	Industrial Organi-	Heat-Light & Sound	Materials
No. different Subject Levels	1	1	1	1	2	1	1	1
Total Hours of Class Training	120	36	72	108	300	36	96	36
Minimum Requirement to Receive Credit								

Length of Training Program 2 years (72 weeks) Average Enrollment: Men 35 Women - Total Capacity 48 (24 every year)

No. of Students aged: 19 or under 31 20-24 4 25-29 - 30 or over -

Tuition: Total \$402.00 Monthly Basis - Payment Plan -

\$67.00 per 12 week quarter tuition, \$5.00 lab fee per quarter

Books \$100.00 Materials \$30.00 Equipment \$40.00 Other Required Costs Safety Glasses

Estimated minimum total cost to complete program \$ 675.00

High School Diploma Required: Yes - No X (but recommended)

Pre-requisite courses required Algebra and Geometry

Specific Pre-requisite Courses recommended Physics, Mechanical Drafting, Machine Shop

Pre-enrollment or Placement test: Yes X No - Tests Used GATB

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Professional Secretary Starting Date(s) Sept., Nov., March

Basic Subject Taught (names)	Type-Writing	Short-Hand	Records Management	Office Machines	Secretarial Accounting	Sec. Proc.	Lab.	On-the-job Training
No. different Subject Levels								
Total Hours of Class Training	75	100	45	68	28	160	294	240
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Job Related	Data Ins.Proc.						
No. different Subject Levels								
Total Hours of Class Training	100	30						
Minimum Requirement to Receive Credit								

Length of Training Program 4 quarters Average Enrollment: Men Women Total Capacity 48No. of Students aged: 19 or under 17 20-24 4 25-29 1 30 or over 2Tuition: Total \$67.00 per quarter Monthly Basis Payment Plan \$268.00 totalBooks \$50.00 Materials \$5.00 Equipment Other Required Costs Lab fee per quarter\$5.00Estimated minimum total cost to complete program \$ 350.00High School Diploma Required: Yes No X (recommended)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME Area Ten Community CollegeADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

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Specific Training Program Clerical Starting Date(s) Sept., Nov., March

	Type-Writing	Office Machines	Clerical Procedures	Record-Keeping	Filing	Job Related Instruc.	On-the-Job Train.	Lab.
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	70	50	95	50	25	90	240	160
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 3 quarters Average Enrollment: Men Women Total Capacity 40No. of Students aged: 19 or under 14 20-24 3 25-29 2 30 or over 1Tuition: Total \$67.00 per quarter Monthly Basis Payment Plan \$268.00 totalBooks \$35.00 Materials \$5.00 Equipment Other Required Costs Lab fee per quarter \$5.00Estimated minimum total cost to complete program \$ 250.00High School Diploma Required: Yes No X (recommended)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test Battery

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

SPECIALIZED SCHOOL NAME Area Ten Community CollegeStreet 4401 Sixth Street Road S.W., Box 1689City Cedar Rapids, IowaZIP CODE 52406Administrator Dr. Selby A. Ballantyne, Superintendent Area Code 319 Telephone 366-5321Sponsor or Owner Area Ten-Counties of Linn, Benton, Jones, Cedar, Iowa, Johnson and WashingtonSchool Accredited by State Department of Public InstructionApplication and information secured from: Name Ronald E. Napier Title Coordinator of AdmissionsApplication for admission submitted to: Name Ronald E. Napier Title Coordinator of Admissions

Admission Fee: \$ _____ Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount \$15.00 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required In some cases Includes: Parents X Students X Counselors XPersons responsible for contacting Ronald Napier, John White Address Area Ten Community College, Box 1689prospective students; Lois Weihe, Hal Walter, Cal Hershner Address Cedar Rapids, Iowa 52406Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When At student's convenienceBy whom tested Iowa State Employment Service or Area Ten Position _____Interview conducted by: Head of Department Position _____When: After all application materials are receivedGraduate placement service: Yes X No _____ Person or agency responsible Cal Hershner, Coordinator Placement & Financial AidsStudent, part time work, placement service: Yes X No _____Person or agency responsible Cal Hershner, Coordinator of Placement & Financial AidsFirst term progress report sent to: Parents _____ Students X High School X Other _____Students live: At home 66 % School owned _____ % YMCA/YWCA 5-10 % Private home 5-10 %Public facilities _____ % Private rooming house 5-10 % Other _____ %Average monthly room and board cost: Depends on student - Average Room Rent \$8-10/wk.

Financial aids available: Institutional Loans \$ _____ Workstudy \$ _____ Scholarship \$ _____ Grants \$ _____

Application for financial aid submitted to (person): Cal Hershner, Coord. Placement & Fin. Aids Deadline date for financial aid None setTuition refund policy and schedule Before end of first week=80%; Before end of second week=60%; Before end of third week=40%; Before end of fourth week=20%. No tuition refunded for students who withdraw after the fourth week of any quarter.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Data Processing-Programmer/Analyst Starting Date(s) Quarterly

Basic Subject Taught (names)	Unit Record	Data Proc Concepts	Applied Programming	Computer Math	Programming Projects	Systems	Related	
No. different Subject Levels	2	5	6	5	5	5	3	
Total Hours of Class Training	84	216	636	588	264	432	216	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 8 quarters Average Enrollment: Men 10 Women 0 Total Capacity 10

No. of Students aged: 19 or under 30% 20-24 30% 25-29 20% 30 or over 20%

Tuition: Total \$536.00 Monthly Basis _____ Payment Plan _____

Books \$100.00 Materials \$270.00 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 906.00

High School Diploma Required: Yes X No _____ or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmer Aptitude Test

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Data Processing-Programmer Assistant Starting Date(s) Quarterly

Basic Subject Taught (names)	Unit Record	Data Proc. Concepts	Applied Programming	Computer Math	Programming Projects	Systems		
No. different Subject Levels	2	3	4	1	2	1		
Total Hours of Class Training	84	144	456	36	48	36		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 3 quarters Average Enrollment: Men 0 Women 3 Total Capacity 6

No. of Students aged: 19 or under 33% 20-24 33% 25-29 34% 30 or over

Tuition: Total \$201.00 Monthly Basis Payment Plan

Books \$35.00 Materials \$135.00 Equipment Other Required Costs

Estimated minimum total cost to complete program \$ 371.00

High School Diploma Required: Yes X No or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing, Office practice

Pre-enrollment or Placement test: Yes X No Tests Used IBM Programmer Aptitude Test

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Data Processing-Programmer Starting Date(s) Quarterly

Basic Subject Taught (names)	Unit Record	Data Proc. Concepts	Applied Programming	Computer Math	Programming Projects	Systems	Related	
No. different Subject Levels	2	4	5	2	3	2	1	
Total Hours of Class Training	84	180	528	72	120	72	36	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 quarters Average Enrollment: Men 23 Women 2 Total Capacity 25

No. of Students aged: 19 or under 45% 20-24 25% 25-29 20% 30 or over 10%

Tuition: Total \$268.00 Monthly Basis _____ Payment Plan _____

Books \$50.00 Materials \$170.00 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 488.00

High School Diploma Required: Yes X No _____ or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmer Aptitude Test

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Data Processing-Computer Operator Starting Date(s) Quarterly

Basic Subject Taught (names)	Unit Record	Data Proc. Concepts	Applied Programming	Computer Math	Programming Projects			
No. different Subject Levels	2	3	3	1	1			
Total Hours of Class Training	84	96	300	36	72			
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 quarters Average Enrollment: Men 24 Women 6 Total Capacity 30

No. of Students aged: 19 or under 45% 20-24 25% 25-29 20% 30 or over 10%

Tuition: Total \$134.00 Monthly Basis _____ Payment Plan _____

Books \$18.00 Materials \$72.50 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 225.00

High School Diploma Required: Yes X No _____ or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing, Office practices

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmer Aptitude Test

SPECIALIZED SCHOOL NAME Area Ten Community College

ADDRESS 4401 Sixth Street S.W., Cedar Rapids, Iowa

Specific Training Program Data Processing-Supporting Services Starting Date(s) Quarterly

Basic Subject Taught (names)	Unit Record	Data Proc Concepts	Keypunch	Related				
No. different Subject Levels	2	2	1	2				
Total Hours of Class Training	84	72	36	228				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 quarters Average Enrollment: Men 1 Women 2 Total Capacity 8

No. of Students aged: 19 or under 67% 20-24 33% 25-29 _____ 30 or over _____

Tuition: Total \$134.00 Monthly Basis _____ Payment Plan _____

Books \$35.00 Materials \$25.00 Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ \$194.00

High School Diploma Required: Yes X No _____ or equivalent

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing, Office practices

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Area XI Community College
Street 315 Walnut Street
City Ankeny, Iowa 50021

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 964-3115 Area Code 50021 Administrator Paul Lowery

Sponsor or Owner _____

School Accredited by Iowa State Department of Public Instruction

Application for admission mailed to: Name _____ Title _____

Fee required with enrollment application: Amount _____ Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student _____ To parent _____ To high school _____ None _____

High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____

Dates student may begin classes: _____

School visitation: Recommended _____ Required _____ Includes: Parents _____ Students _____ Counselors _____

Persons responsible for contacting _____ Address _____

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When _____

By whom tested _____ Position _____

Graduate placement service: Yes X No _____ Person or agency responsible _____

Student, part time work, placement service: Yes _____ No _____

Person or agency responsible _____

First term progress report sent to: Parents _____ Students _____ High School _____ Other _____

Students live: At home _____ % School owned _____ % YMCA/YWCA _____ % Private home _____ %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____

Monthly room and board cost: _____ Admission Fee: _____

Application for financial aid required: Yes _____ No _____ Deadline Date _____

Director of financial aid _____

Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

PROGRAM Industrial Electronics Technology STARTING DATE February 28, 1967

	D.C. Fundamentals	Electronic Drafting	Technical Math	Technical English	Applied Physics	A.C. Fundamentals	Basic Electronics	Calculus for Electronics
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

	Industrial Electronics	Circuit Analysis	Transister Physics & Ckts	Digital Computer Fund	Radio Freq. Electronics	Digital Computer Systems	Electronic Systems	Industrial Relations
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 year Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME Area XI - Community CollegeADDRESS 315 Walnut - Ankeny, IowaSpecific Training Program Bricklayer Construction (Pre-Apprentice) Starting Date(s) March 27, 1967

Basic Subject Taught (names)	Orientation	Basic Math	Mortars	Blue Print Reading	Bonds & Well Types	Fastening Concrete	Trade Drawing	Concrete Construction
No. different Subject Levels								
Total Hours of Class Training				40 class hours per week				
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Footings	Moisture Proofing	Estimating	Good Work-manship	Toothng Blocking	Modular Masonry	Visitation Field Trips	Work Experience
No. different Subject Levels								
Total Hours of Class Training				40 class hours per week	-	(6 hours per day)		
Minimum Requirement to Receive Credit								

Plus four week on-the-job training - Bureau of Apprenticeship Training - 7 weeks pre-apprenticeship

Length of Training Program 4 week on-the-job Average Enrollment: Men _____ Women _____ Total Capacity 15 traineesNo. of Students aged: 19 or under New Program 20-24 _____ 25-29 _____ 30 or over _____Tuition: Total None Monthly Basis _____ Payment Plan _____Manpower Development and Training Program. Subsistence allowances for qualified students - Available from IowaEmployment Security Commission.Books None Materials None Equipment None Other Required Costs NoneEstimated minimum total cost to complete program \$ NoneHigh School Diploma Required: Yes _____ No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes X No _____ Tests Used Employment Security Commission

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SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa 50021 _____

Specific Training Program _____ MECHANICAL TECHNOLOGY _____ Starting Date(s) _____ Fall Quarter _____

Basic Subject Taught (names)	Tech. Math	Engineering Drawing	Machine Shop	Technical English	General Chemistry	Physics	Electricity	Metallurgy
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	240	240	240	120	60	120	180	120
Minimum Requirement to Receive Credit	Passing Grade							

Basic Subject Taught (names)	Refrigerator and Air Conditioning	Mechanics & Heat	Welding	Fluid and Applied Mech.	Machine Design	Instrumentation & Numerical Control	Ind. Org. & Insti.	Mfg. & Quality Cont.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	60	120	120	190	160	160	150	240
Minimum Requirement to Receive Credit	Passing Grade							

Length of Training Program _____ Seven Quarters _____ Average Enrollment: Men _____ 20 _____ Women _____ Total Capacity _____ 20 _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ \$350 _____ Monthly Basis _____ Payment Plan _____ Quarterly _____

Books _____ \$100 _____ Materials _____ \$25 _____ Equipment _____ \$25 _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____ \$500 _____

Exceptional cases given special consideration

High School Diploma Required: Yes ☒ No _____

Pre-requisite courses required _____ One year high school algebra _____

Specific Pre-requisite Courses recommended _____ Geometry, Drafting, Metals _____

Pre-enrollment or Placement test: Yes ☒ No _____ Tests Used _____ General Aptitude Test Battery _____

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SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa _____

Specific Training Program _____ OPERATING ROOM TECHNICIAN _____ Starting Date(s) _____ Fall Quarter _____

Basic Subject Taught (names)	Communication Skills	Medical Terminology	Anatomy & Physiology	First Aid	Personal, Vocational, and Comm. Relations	Found. of O.R. Tech.	Anesthesia & Its Effects	Medical Library
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	46	62	68	24	120	14	8	256
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----	-----	-----	-----

Basic Subject Taught (names)	Micro-biology	Environmental trols in Oper. Rm.	Con- Asceptic Proc.	Surgical Instruments	Surgical Procedures	Clinical Experience	Con- ference	Operating Rm. at time of Disaster
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	24	92	136	24	38	506	14	8
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----	-----	-----	-----

Length of Training Program _____ Four Quarters _____ Average Enrollment: Men _____ 6 _____ Women _____ 18 _____ Total Capacity _____ 24 _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ \$200 _____ Monthly Basis _____ Payment Plan _____ Quarterly _____

Books _____ \$75 _____ Materials _____ Equipment _____ Other Required Costs _____ Uniforms - \$75 _____

Estimated minimum total cost to complete program \$ _____ 350 _____

High School Diploma Required: Yes _____ No _____ ☒ _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____ Biology, Chemistry _____

Pre-enrollment or Placement test: Yes ☒ _____ No _____ Tests Used _____ General Aptitude Test Battery _____

SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa _____

Specific Training Program _____ CLERICAL _____ Starting Date(s) _____ Fall Quarter _____

Basic Subject Taught (names)

Clerical Course: A total of 1,440 class hours is devoted to this course. Instruction is individualized according to student's abilities and needs.

No. different Subject Levels

Courses taught are: Typing, Indexing and Filing, Bookkeeping and Accounting, Communication Skills, Business Machines, Business Law, Office Procedures, Human Relations, Business Math.

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Requirement to receive credit - Passing Grade

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program _____ Four Quarters _____ Average Enrollment: Men _____ Women 20 _____ Total Capacity 20 _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 _____ Monthly Basis _____ Payment Plan Quarterly _____

Books \$75 _____ Materials \$25 _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ 300 _____

High School Diploma Required: Yes _____ No ☒ _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____ Typing, other business courses _____

Pre-enrollment or Placement test: Yes ☒ _____ No _____ Tests Used _____ General Aptitude Test _____

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEADDRESS 315 Walnut Street, Ankeny, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program DIESEL MECHANICS Starting Date(s) Fall Quarter

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Introduction Diesel Mech	Related Science	Related Math	Blueprint Reading	Basic Electricity	Engine Operation	Diesel Engine Repair	Theory, Maint., Repr. Fuel Pumps, etc.
1	1	1	1	1	1	1	1
125	70	80	60	75	75	360	360
Passing grade	-----	-----	-----	-----	-----	-----	-----

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Eng. Repr. & Dynamometer Testing	Welding	Heavy Equipment, Engine, Power Train Assembly	Industrial Relations	Diesel Truck Repair & Maint.	
1	1	1	1	1	
440	75	440	70	290	
Passing grade	-----	-----	-----	-----	-----

Length of Training Program Seven Quarters Average Enrollment: Men 20 Women 0 Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$350 Monthly Basis _____ Payment Plan QuarterlyBooks \$75 Materials \$25 Equipment \$75 Other Required Costs _____Estimated minimum total cost to complete program \$ 525High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Related Industrial Arts coursesPre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGE

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ADDRESS 315 Walnut Street, Ankeny, IowaSpecific Training Program SECRETARIAL Starting Date(s) Fall Quarter

Basic Subject Taught (names)	Secretarial Course: A total of 1,440 class hours is devoted to this course. Instruction is individualized according to student's abilities and needs.						
No. different Subject Levels							
Total Hours of Class Training	Courses taught are: Office procedures, typing, shorthand, business math, communication skills, business machines, secretarial accounting, business law, personal development, indexing and filing.						
Minimum Requirement to Receive Credit	Requirement to receive credit - passing grades						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Four quarters Average Enrollment: Men Women 20 Total Capacity 20No. of Students aged: 19 or under 20-24 25-29 30 or over Tuition: Total \$200 Monthly Basis Payment Plan QuarterlyBooks \$75 Materials \$25 Equipment Other Required Costs Estimated minimum total cost to complete program \$ 300High School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Typing, other business coursesPre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test Batt.

SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa _____

Specific Training Program _____ ELECTRICAL DRAFTING _____ Starting Date(s) _____ Fall Quarter _____

Basic Subject Taught (names)	Basic Training	Technical Report Writing	Related Math	Electrical Drafting	Materials, Tools, & Processes of Ind	Related Physics	Special Applications	Industrial Relations
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	240	60	60	540	60	60	60	60
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----	-----	-----	-----

Basic Subject Taught (names)	Estimating	Mfg. Processes	Special Problems	Math and Slide Rule	Basic Descriptive Geometry			
No. different Subject Levels	1	1	1	1	1			
Total Hours of Class Training	60	60	60	60	60			
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----			

Length of Training Program _____ Four Quarters _____ Average Enrollment: Men _____ 20 _____ Women _____ 0 _____ Total Capacity _____ 20 _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ \$200 _____ Monthly Basis _____ Payment Plan _____

Books _____ \$80 _____ Materials _____ \$20 _____ Equipment _____ \$25 _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____ 325 _____

High School Diploma Required: Yes _____ No _____ X _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____ Algebra, Drafting _____

Pre-enrollment or Placement test: Yes _____ X _____ No _____ Tests Used _____ General Aptitude Test Battery _____

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEADDRESS 315 Walnut Street, Ankeny, IowaSpecific Training Program AUTOMOTIVE MECHANICS Starting Date(s) Fall Quarter

Basic Subject Taught (names)	Lubrication	Shop Mathematics	Engines	Blueprint Reading	Cooling Systems	Electrical Systems	Fuel Systems	Welding	Ind. Relations
No. different Subject Levels	1	1	1	1	1	1	1	1	1
Total Hours of Class Training	26	80	330	50	85	155	145	65	45
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----	-----	-----	-----	-----

Basic Subject Taught (names)	Automotive Science	Tune-up	Brakes	Transmission	Diagnosis	Ignition Systems	Steering & Front End Susp.	Air Conditioning	Generator & Alternators
No. different Subject Levels	1	1	1	1	1	1	1	1	1
Total Hours of Class Training	75	75	175	519	270	85	210	60	70
Minimum Requirement to Receive Credit	Passing Grade	-----	-----	-----	-----	-----	-----	-----	-----

Length of Training Program Seven Quarters Average Enrollment: Men 30 Women Total Capacity 30No. of Students aged: 19 or under 20-24 25-29 30 or over Tuition: Total \$350 Monthly Basis Payment Plan QuarterlyBooks \$75 Materials \$25 Equipment \$75 Other Required Costs Estimated minimum total cost to complete program \$ 525High School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Related Industrial Arts CoursesPre-enrollment or Placement test: Yes X No Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa _____

Specific Training Program TOOL AND DIE MAKING Starting Date(s) Fall Quarter

Basic Subject Taught (names)	Blueprint Reading and Sketching	Machine Shop Math	Machine Tool Operation	Drafting	Welding	Heat Treating	Tool, Die, Jig, & Fixture Design	Machine Shop Practice
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	120	300	900	120	240	120	120	480
Minimum Requirement to Receive Credit	Passing grade-----							

Basic Subject Taught (names)	Tool & Die Design							
No. different Subject Levels	1							
Total Hours of Class Training	120							
Minimum Requirement to Receive Credit	Passing grade							

Length of Training Program Seven Quarters Average Enrollment: Men 20 Women _____ Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$350 Monthly Basis _____ Payment Plan QuarterlyBooks \$50 Materials \$50 Equipment \$50 Other Required Costs _____Estimated minimum total cost to complete program \$500High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Drafting, General Metals or Machine Shop, AlgebraPre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEADDRESS 315 Walnut Street, Ankeny, IowaSpecific Training Program WELDING Starting Date(s) Fall Quarter

Basic Subject Taught (names)	Safety	Applied Math	Blueprint Reading	Arc Welding	Oxy-Acetylene Welding	Properties of Metal	Welding Code & Standards	Inert Gas Shielded Arc Weld.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	50	75	80	80	80	80	75	80
Minimum Requirement to Receive Credit	Passing grade -----							

Basic Subject Taught (names)	Torch Cutting Technique	Industrial Relations	Pipe Welding					
No. different Subject Levels	1	1	1					
Total Hours of Class Training	40	30	50					
Minimum Requirement to Receive Credit	Passing grade -----							

Length of Training Program Two quarters Average Enrollment: Men 20 Women _____ Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$100 Monthly Basis _____ Payment Plan QuarterlyBooks \$25 Materials \$25 Equipment \$25 Other Required Costs _____Estimated minimum total cost to complete program \$ 175High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEADDRESS 315 Walnut Street, Ankeny, Iowa

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Specific Training Program DENTAL ASSISTANT Starting Date(s) Fall Quarter

Basic Subject Taught (names)	Communication Skills	Dental Off. Mgmt.	Prin. of Dental Asstg.	Dental Theory	Medical Library	Dental Lab.	Professional Orientation	Personal Development
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	96	84	204	168	96	156	24	36
Minimum Requirement to Receive Credit	Passing grades							

Basic Subject Taught (names)	Bookkeeping	Clinical Experience OJT	Psychology-Human Relations	Ward Class				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	72	432	24	48				
Minimum Requirement to Receive Credit	Passing grade							

Length of Training Program Four Quarters Average Enrollment: Men _____ Women 24 Total Capacity 24

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan QuarterlyBooks \$50 Materials _____ Equipment _____ Other Required Costs Uniforms - \$50Estimated minimum total cost to complete program \$ 300High School Diploma Required: Yes ☒ No _____Pre-requisite courses required One semester of typing

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes ☒ No _____ Tests Used General Aptitude Test Battery

SPECIALIZED SCHOOL NAME _____ AREA XI COMMUNITY COLLEGE _____

ADDRESS _____ 315 Walnut Street, Ankeny, Iowa _____

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Specific Training Program _____ MEDICAL ASSISTANT _____ Starting Date(s) _____ Fall Quarter _____

Basic Subject Taught (names)	Personal, Vocational & Human Relations	Med. Off. Prac.	Medical Terminology	Communication Skills	Anatomy & Physiology	Medical Library	Prof. Ethics for Medical Asst.	Medical Office Proced.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	62	34	124	70	70	62	46	202
Minimum Requirement to Receive Credit	Passing grade -----							

Basic Subject Taught (names)	Laboratory	Selected Exp. Physician's	Health & Off. Disease	Medical Jurisprudence	Specialized Indv. Study	Medical Legal		
No. different Subject Levels	1	1	1	1	1	1		
Total Hours of Class Training	222	280	62	32	114	60		
Minimum Requirement to Receive Credit	Passing grade -----							

Length of Training Program _____ Four Quarters _____ Average Enrollment: Men _____ Women _____ 24 _____ Total Capacity _____ 24 _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ \$200 _____ Monthly Basis _____ Payment Plan _____ Quarterly _____

Books _____ \$50 _____ Materials _____ Equipment _____ Other Required Costs _____ Uniforms \$50 _____

Estimated minimum total cost to complete program \$ _____ 300 _____

High School Diploma Required: Yes ☒ No ☐

Pre-requisite courses required _____ One semester of typing _____

Specific Pre-requisite Courses recommended _____ Biology, Chemistry _____

Pre-enrollment or Placement test: Yes ☒ No ☐ Tests Used _____ General Aptitude Test Battery _____

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEStreet 315 Walnut StreetCity Ankeny, Iowa 50021

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Paul Lowery Area Code 515 Telephone 964-4288Sponsor or Owner Board of EducationSchool Accredited by Iowa State Department of Public InstructionApplication and information secured from: Name Leonard Bengtson Title DirectorApplication for admission submitted to: Name Leonard Bengtson Title DirectorAdmission Fee: \$ 10.00 Is the fee applied toward tuition and other charges: Yes ☒ No ☐Fee required with enrollment application: Amount Is the fee applied toward tuition and other charges: Yes ☐ No ☐Notification of acceptance: To student ☒ To parent ☐ To high school ☐High school transcript required: Yes ☒ No ☐ High School recommendation: Requested ☐ Required ☐School visitation: Recommended ☐ Required ☐ Includes: Parents ☐ Students ☐ Counselors ☐Persons responsible for contacting Leonard Bengtson Address AREA XI COMMUNITY COLLEGEprospective students: Robert Peterson Address 2501 Vine Street, West Des Moines, Iowa 50265Compensated by: Straight Salary ☒ Commission ☐ Salary plus commission ☐Entrance Testing required: Yes ☒ No ☐ When Scheduled testing datesBy whom tested Office of Student Personnel Services Position Interview conducted by: Office of Student Personnel Services Position When: Scheduled appointmentGraduate placement service: Yes ☒ No ☐ Person or agency responsible Division of Student Personnel ServicesStudent, part time work, placement service: Yes ☒ No ☐Person or agency responsible Office of Student Personnel ServicesFirst term progress report sent to: Parents ☒ Students ☒ High School ☐ Other ☐Students live: At home ☐ % School owned ☐ % YMCA/YWCA ☐ % Private home ☐ %Public facilities ☐ % Private rooming house ☐ % Other ☐ %Average monthly room and board cost: Financial aids available: Institutional Loans \$ Workstudy \$ Scholarship \$ Grants \$ Application for financial aid submitted to (person): Deadline date for financial aid Tuition refund policy and schedule Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes ☒ No ☐

SPECIALIZED SCHOOL NAME AREA XI COMMUNITY COLLEGEADDRESS 315 Walnut Street, Ankeny, IowaSpecific Training Program Electronic Technology Starting Date(s) Fall Quarter

Basic Subject Taught (names)	D.C. Fundamentals	Electronic Drafting	Technical Math	Technical English	Applied Physics	A.C. Fundamentals	Economics	Calculus for Electronics
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	120	240	240	120	180	120	60	60
Minimum Requirement to Receive Credit	Passing grade	-----	-----	-----	-----	-----	-----	-----

Basic Subject Taught (names)	Industrial Electronics	Circuit Analysis	Transistor Physics & Circuits	Digital Computer Fund.	Radio Freq. Electronics	Digital Computer Systems	Electronic Systems	Industrial Relations
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	300	240	300	120	120	120	120	60
Minimum Requirement to Receive Credit	Passing grade	-----	-----	-----	-----	-----	-----	-----

Length of Training Program Seven Quarters Average Enrollment: Men 20 Women 0 Total Capacity 60

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$350 Monthly Basis _____ Payment Plan QuarterlyBooks \$125 Materials _____ Equipment \$25 Other Required Costs _____Estimated minimum total cost to complete program \$ 500High School Diploma Required: Yes ☒ / Exceptional cases given special consideration No _____Pre-requisite courses required One year high school algebraSpecific Pre-requisite Courses recommended Geometry, algebra 3 and 4, Electricity - electronicsPre-enrollment or Placement test: Yes ☒ No _____ Tests Used General Aptitude Test Battery

Area XII - Area Vocational School

SPECIALIZED SCHOOL NAME Sioux City Area Technical School
 Street 222 South Floyd Blvd.
 City Sioux City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 258-9497 Area Code _____ Administrator Wayne Kyle
 Sponsor or Owner Board of Education
 School Accredited by State of Iowa Department of Public Instruction
 Application for admission mailed to: Name Wayne Kyle Title Director
 Fee required with enrollment application: Amount \$10.00 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent X To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September each year
 School visitation: Recommended X Required _____ Includes: Parents X Students _____ Counselors _____
 Persons responsible for contacting N/A Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary N/A Commission N/A Salary plus commission N/A
 Entrance Testing required: Yes X No _____ When After application
 By whom tested Iowa State Employment Service, School Position _____
 Personal interview required: Yes X No _____ When After tested
 By whom tested Wayne Kyle Position Director
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 50 % School owned N/A % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house 30 % Other 20 %
 Financial aids available: Loans _____ Workstudy X Scholarship _____ Other _____
 Monthly room and board cost: N/A Admission Fee: N/A
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule No fees will be returned except in case of illness. A doctor's written notice is required. Payable at the beginning of each semester

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Area XII - Area Vocational School

PROGRAM Electronic Technology STARTING DATE September

Basic Subject Taught (names)	Elec. Fundamentals	Elect. Systems	Math	Drawing	Communica- tions	Physical Sciences	Shop Processes	Computer Fundmtls
No. different Subject Levels	3	4	3	3	2	2	1	1
Total Hours of Class Training	756	556	180	162	108	144	54	72
Minimum Requirement to Receive Credit	68 percent or average grade of C for graduation.							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 40

Average Enrollment: Men 100 Women none 1st Term Students 20 Other Than 1st Term Students 15

No. of Students aged: 19 or under _____ 20-24 100% 25-29 _____ 30 or over _____

Tuition: Total \$400.00 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books \$35.00 Materials \$165.00 Equipment None

Pre-requisite courses required Recommended mathematics and science

Specific Pre-requisite Courses recommended Recommended mathematics and science

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis IQ, IPAT

SPECIFIC TRAINING PROGRAMS

Area XII - Area Vocational School

PROGRAM Mechanical Drafting & Design STARTING DATE September

Basic Subject Taught (names)	Drafting	Mech. Des.	Tool Des.	Auxiliary Sciences	Mfg. Processes	Math	Comm. & Human Rel.	Prod. Cont.
No. different Subject Levels	4	3	2	4	2	2	2	1
Total Hours of Class Training	792	270	270	270	215	180	108	54
Minimum Requirement to Receive Credit	68 percent or average grade of "C" for graduation							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 40

Average Enrollment: Men 100% Women 1st Term Students 20 Other Than 1st Term Students 15

No. of Students aged: 19 or under 20-24 100% 25-29 30 or over

Tuition: Total \$400.00 Monthly Basis N/A Payment Plan N/A

Other Fees Books \$50.00 Materials \$150.00 Equipment None

Pre-requisite courses required

Specific Pre-requisite Courses recommended Mathematics and science

Pre-enrollment or Placement test: Yes X No Tests Used Otis IQ, IPAT

SPECIFIC TRAINING PROGRAMS

Area XII - Area Vocational School

PROGRAM Practical Nurse STARTING DATE September

Basic Subject Taught (names)	Family, Life Nutrition	Anatomy	Personal & Voc. Rel.	Nursing Fundamentals	Care of Adult	Mothers & Infant	Care of Children	Clinical
No. different Subject Levels	1	1	1	3	2	1	1	3
Total Hours of Class Training	112	60	45	259	186	30	32	684
Minimum Requirement to Receive Credit	68 percent or average grade of 'C' for graduation							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program one year Total Capacity 35

Average Enrollment: Men 0 Women 100% 1st Term Students 35 Other Than 1st Term Students 0

No. of Students aged: 19 or under 15 20-24 3 25-29 2 30 or over 15

Tuition: Total \$230.00 Monthly Basis N/A Payment Plan N/A

Other Fees Tests \$6.00 Books \$50.00 Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No Tests Used PACE (NLN), IPAT, Otis I.Q., State Employment ability Test Battery

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Radio & Television Repair Serviceman Starting Date(s) October 2, 1967

Basic Subject Taught (names)	Orienta- tion	Math & Sl- ide Rule	Resist.& Resistors	Cap.Elect. &Phys.Prop	Resist. Cap.Cir.	Induct. Induct.Re- actance	Resonant Circuits	Solid State Semi Cond.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	20	70	40	40	70	60	60	90
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	

Basic Subject Taught (names)	Positive, Neg.Juct. Charact.	Transistor PNP & NPN Charact.	Adv.Resis. Cap.Filter Cir.& Osc. cir.	Basic Cir Design & Calcul.	Vacuum Tu- bes & Rel Circuits	Blk & Wh. TV Systems	Comp.Video Signal	TV Receivers
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	40	60	60	80	30	60	60	60
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

(subject taught continued on back page)

Length of Training Program 48 weeks Average Enrollment: Men 10 Women Total Capacity 10No. of Students aged: 19 or under 20-24 25-29 30 or over 100%Tuition: Total \$270.00 in state Monthly Basis Payment Plan Quarterly
\$540.00 out-of-stateBooks Materials Equipment Other Required Costs 60.00 totalEstimated minimum total cost to complete program \$ 330.00 in state - 600.00 out-of-stateHigh School Diploma Required: Yes No XPre-requisite courses required noneSpecific Pre-requisite Courses recommended Industrial Arts - Vocational or working experience.Pre-enrollment or Placement test: Yes X No Tests Used Iowa Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Radio & Television Repair Serviceman (continued) Starting Date(s) October 2, 1967

(Continued)

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Video Amplifi- cation	Video Detct & AGC Sy	Cust.Re. & Bus.Pro.	Synchro. Systems	Vert.& Hor. Defl.Syst.	Horz.Auto Freq.Cont.	Ultra Hig Freq & Tuners	TV & Comm FM Sound Systems
1	1	1	1	1	1	1	1
60	60	60	60	60	60	30	30
all	all	all	all	all	all	all	all

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Color TV Systems	Color TV Receivers	Shop Mgmt. & Sales.					
1	1	1					
30	60	30					
all	all	all					

Length of Training Program _____ Average Enrollment: Men _____ Women _____ Total Capacity _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Books _____ Materials _____ Equipment _____ Other Required Costs _____

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes _____ No _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Vocational Drafting Starting Date(s) August 28, 1967

Basic Subject Taught (names)		New program - course of study available August 1, 1967	
No. different Subject Levels		This program will be provided for persons of post-high school who will be employable at the end of training in	
Total Hours of Class Training		the various types of jobs of the occupation. It provides another track for those whose abilities are not great	
Minimum Requirement to Receive Credit		enough to achieve in Mechanical Drafting & Design. The major objective is to prepare persons to enter careers	
		as draftsman.	

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9 months Average Enrollment: Men 15 Women Total Capacity 15

No. of Students aged: 19 or under 20-24 50% 25-29 50% 30 or over

Tuition: Total 202.50 in state Monthly Basis NA Payment Plan Quarterly
405.00 out-of-state

Books X Materials X Equipment X Other Required Costs 50.00 total

Estimated minimum total cost to complete program \$ 252.50 in state - 455.00 out-of-state

High School Diploma Required: Yes X No

Pre-requisite courses required Mathematics & Science

Specific Pre-requisite Courses recommended Mathematics & Science

Pre-enrollment or Placement test: Yes X No Tests Used GATB, Otis I.Q. IPAT

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Medical Secretaries

Starting Date(s) August 28, 1967

Basic Subject Taught (names)	New program - no course outline available. (Available August 1, 1967)					
No. different Subject Levels	First semester (19 weeks)					
Total Hours of Class Training	1. The Human Body in Health and Disease (Body Structure)					
Minimum Requirement to Receive Credit	2. Medical Terminology I					
	3. Medical Ethics and Etiquette					
	4. Shorthand Review and Dictation					
	5. Typewriting and Transcription Machines					
	6. Communication Skills I					
	7. Business Mathematics					

Basic Subject Taught (names)	Second Semester:					
No. different Subject Levels	1. Medical Terminology II					
Total Hours of Class Training	2. Medical Law and Economics					
Minimum Requirement to Receive Credit	3. The Human Body in Health and Disease					
	4. Medical Shorthand, Dictation & Transcription					
	5. Communication Skills II					
	6. Business Machines					
	7. Secretarial Practice					
	8. Medical affiliation- Practical experience in medical					

office, clinic, or hospital - 3 wks. 3 credits.

Length of Training Program 48 weeks Average Enrollment: Men _____ Women 15 Total Capacity 15

No. of Students aged: 19 or under _____ 20-24 50% 25-29 50% 30 or over _____

Tuition: Total 270.00 in state Monthly Basis _____ Payment Plan Quarterly
540.00 out-of-state

Books X Materials 60.00 Equipment X Other Required Costs reg. fee 10.00

Estimated minimum total cost to complete program \$ 340.00 in state 610.00 out-of-state

High School Diploma Required: Yes X No _____

Pre-requisite courses required 1 year of typing in high school or be able to type 35 words per minute.

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used GATB, Otis I.Q. and IPAT

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Farm Equipment Mechanic Starting Date(s) December 18, 1967

Basic Subject Taught (names)	Orient- ation	Welding	Carburetion & Fuel Inj.	Elect. Systems	Rep. & O'al Farm Tract.	Rep. & O'al Tract. Dr.	Tract. Hy Sys. & Eq.	Pers. Dev. & Bus. Pro.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	20	30	150	100	300	100	80	20
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 24 weeks * Average Enrollment: Men 20 Women _____ Total Capacity 20* Course in process of being revised, and extended.No. of Students aged: 19 or under _____ 20-24 _____ 25-29 100% 30 or over _____Tuition: Total 135.00 in state Monthly Basis _____ Payment Plan Quarterly
270.00 out-of-stateBooks _____ Materials _____ Equipment _____ Other Required Costs 60.00 totalEstimated minimum total cost to complete program \$ 195.00 in state 330.00 out ; of stateHigh School Diploma Required: Yes _____ No XPre-requisite courses required noneSpecific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or working experiencePre-enrollment or Placement test: Yes X No _____ Tests Used State Empl Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Auto Body Repairman Starting Date(s) November 20, 1967

Basic Subject Taught (names)	Intro. to Training	Intro. to Auto. Const.	Tools & Basic Op	Basic Math	Intro. to Weld & Cut	Intro. to Mtl. Wk. Fund.	Filling Matls.	Intro. to Hardware REP.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	6	9	20	30	80	135	10	15
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Intro. to Auto. Glass	Intro. to Paint Re-finishing	Intro. to Frame Algmt.	Front End Alignment	Major Body Repair	Paint Refinish.	Shop Management	
No. different Subject Levels	1	1	1	1	3	2	2	
Total Hours of Class Training	15	40	40	40	820	130	50	
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	

Length of Training Program 48 weeks Average Enrollment: Men 14 Women _____ Total Capacity 14No. of Students aged: 19 or under _____ 20-24 100% 25-29 _____ 30 or over _____Tuition: Total 270.00 Monthly Basis _____ Payment Plan QuarterlyBooks _____ Materials _____ Equipment _____ Other Required Costs 55.00 totalEstimated minimum total cost to complete program \$ 325.00 in state
650.00 out of stateHigh School Diploma Required: Yes _____ No XPre-requisite courses required noneSpecific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or Working ExperiencePre-enrollment or Placement test: Yes X No _____ Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Automobile Mechanics Starting Date(s) March 4, 1968

Basic Subject Taught (names)	Shop Orientation	Basic Math Auto Trades	Basic Science Automotive Trades	Electrical & Tune Up	Science & Math in Cooling Sv. Air Cond and Engine rebuild	Cool. & Air Cond. Systems	Engine Rebuild. & O'haul	Science & Math Auto. Trades
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	40	10	60	250	20	40	300	20
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Chassis	Science & Math of Power Trains	Power Train				
No. different Subject Levels	1	1	1				
Total Hours of Class Training	340	20	340				
Minimum Requirement to Receive Credit	all	all	all				

Length of Training Program 48 weeks Average Enrollment: Men 15 Women _____ Total Capacity 15No. of Students aged: 19 or under _____ 20-24 _____ 25-29 50% 30 or over 50%Tuition: Total \$270.00 in state Monthly Basis _____ Payment Plan Quarterly
540.00 out-of-stateBooks X Materials X Equipment _____ Other Required Costs 45.00 totalEstimated minimum total cost to complete program \$ \$315.00 in state - \$585.00 out-of-state.High School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Industrial arts or vocational courses or working experience.Pre-enrollment or Placement test: Yes X No _____ Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Meat Cutter Starting Date(s) November 20, 1967

Basic Subject Taught (names)	Orient- ation	Ordering Rec. Meat Handling	Cutting tests	Inventory	Cooking Methods	Retailing		
No. different Subject Levels	1	1	1	1	1	1		
Total Hours of Class Training	30	30	235	10	55	60		
Minimum Requirement to Receive Credit	all	all	all	all	all	all		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 24 weeks Average Enrollment: Men 10 Women Total Capacity 10

No. of Students aged: 19 or under 20-24 25-29 50% 30 or over 50%

Tuition: Total \$135.00 in state Monthly Basis Payment Plan One-half
\$270.00 out-of-state

Books X Materials X Equipment Other Required Costs 65.00 total

Estimated minimum total cost to complete program \$ 200.00 in state - 335.00 out-of state

High School Diploma Required: Yes No X

Pre-requisite courses required

Specific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or Working Experience.

Pre-enrollment or Placement test: Yes X No Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Air Conditioning, Refrigeration & Heating Starting Date(s) August 14, 1967

Basic Subject Taught (names)	Orient- ation	Mathe- matics	Elec- tricity	Resistance Appliances	Motor Dr- iven Appl	Customer Relations	Resistance Htg. Appl.	Ref. & Air Condng.
No. different Subject Levels	1	1	1	1	2	4	1	2
Total Hours of Class Training	5	120	175	15	60	24	15	600
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Residential Htg. Equip	al Heat- ing Eq.	Water Htg. & Trt. Eq.					
No. different Subject Levels	1	1	1					
Total Hours of Class Training	72	324	30					
Minimum Requirement to Receive Credit	all	all	all					

Length of Training Program 48 weeks Average Enrollment: Men 14 Women Total Capacity 14No. of Students aged: 19 or under 20-24 25-29 50% 30 or over 50%Tuition: Total 270.00 in state Monthly Basis Payment Plan quarterly
540.00 out-of-stateBooks X Materials X Equipment X Other Required Costs \$50.00 totalEstimated minimum total cost to complete program \$ \$320.00 in state - \$590.00 out-of-stateHigh School Diploma Required: Yes No XPre-requisite courses required Industrial arts or vocational courses or working experience.Specific Pre-requisite Courses recommended Industrial arts or vocational courses or working experience.Pre-enrollment or Placement test: Yes X No Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Office Machine Serviceman Starting Date(s) August 28, 1967

Basic Subject Taught (names)	Orient- ation	Basic Ma- th, Off. Mch.	Typewrts. Manual	Customer Engineer.	Duplicating Machines	Science & Math	Store Management	Adding Machines
No. different Subject Levels	1	1	3	1	1	1	1	1
Total Hours of Class Training	20	20	900	30	50	30	30	220
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Calcu- lators						
No. different Subject Levels	1						
Total Hours of Class Training	120						
Minimum Requirement to Receive Credit	all						

Length of Training Program 48 weeks Average Enrollment: Men 12 Women Total Capacity 12No. of Students aged: 19 or under 20-24 25-29 50% 30 or over 50%Tuition: Total \$270.00 in state Monthly Basis Payment Plan Quarterly
\$540.00 out-of-stateBooks X Materials X Equipment Other Required Costs \$40.00 totalEstimated minimum total cost to complete program \$ \$310.00 in state - \$580.00 out-of-stateHigh School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or Working experience.Pre-enrollment or Placement test: Yes X No Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Machine Operator Starting Date(s) August 14, 1967

Basic Subject Taught (names)	Orient.to Mch.Shp Op	Basic Math.	Blueprint Reading	Benchwork	Band Saw & Cut-off Saw	Engine Lathe &	Tool Grd. Drill Pr.	Milling Machine
No. different Subject Levels	1	1	2	2	1	2	1	2
Total Hours of Class Training	10	35	80	130	20	400	50	230
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Shaper	Grinders Surface	Grinder tool&Cutr.	Grinders Cylindrical	Metallurgy & Weld.		
No. different Subject Levels	2	1	1	1	1		
Total Hours of Class Training	125	70	140	100	50		
Minimum Requirement to Receive Credit	all	all	all	all	all		

Length of Training Program 48 weeks Average Enrollment: Men 25 Women Total Capacity 25No. of Students aged: 19 or under 20-24 25-29 50% 30 or over 50%Tuition: Total \$270.00 in state Monthly Basis Payment Plan Quarterly
\$540.00 out-of-stateBooks X Materials X Equipment Other Required costs 130.00 totalEstimated minimum total cost to complete program \$ \$400.00 in state - \$670.00 out-of-stateHigh School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or working experience.Pre-enrollment or Placement test: Yes X No Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Combination WelderStarting Date(s) October 2, 1967

Basic Subject Taught (names)	Orient- ation	Fund.of Basic Math	Welding Metallurgy	Fund.of Arc Weld	Fund.of Ox &Act.Weld	Fund of Metallic Inert Gas Welding	Fund of Tungsten Inert Gas Welding	Blueprint Reading
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	10	60	9	176	35	35	35	50
Minimum Requirement to Receive Credit	all	all	all	all	all	all	all	all

Basic Subject Taught (names)	Prin.of Layout Wk.	Arc Welding	Oxy-Acety Welding	Metallic Inert Gas Welding	Tungsten Inert Gas Welding			
No. different Subject Levels	1	1	1	1	1			
Total Hours of Class Training	20	185	35	35	35			
Minimum Requirement to Receive Credit	all	all	all	all	all			

Length of Training Program 24 weeks Average Enrollment: Men 15 Women _____ Total Capacity 15No. of Students aged: 19 or under _____ 20-24 _____ 25-29 50% 30 or over 50%Tuition: Total \$135.00 in state Monthly Basis _____ Payment Plan One half
\$270.00 out-of-stateBooks X Materials X Equipment _____ Other Required Costs 66.50 totalEstimated minimum total cost to complete program \$ \$201.50 in state \$336.50 out-of-stateHigh School Diploma Required: Yes _____ No X

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Industrial Arts or Vocational Courses or Working Experience.Pre-enrollment or Placement test: Yes X No _____ Tests Used State Employment Security Service GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa TechADDRESS 222 So. Floyd Blvd.Specific Training Program Mechanical Drafting & Design Starting Date(s) August 28, 1967

Basic Subject Taught (names)	Drafting	Mech Design	Tool Design	Auxiliary Sciences	Mfg. Processes	Math	Comm & Human Rela.	Prod. Cont.
No. different Subject Levels	4	3	2	4	2	2	2	1
Total Hours of Class Training	792	270	270	270	216	180	108	54
Minimum Requirement to Receive Credit	68 percent or average grade of "C" for graduation.							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Average Enrollment: Men 40 Women _____ Total Capacity 40No. of Students aged: 19 or under _____ 20-24 75% 25-29 20% 30 or over 5%Tuition: Total 405.00 Monthly Basis _____ Payment Plan QuarterlyBooks 50.00 Materials 150.00 Equipment _____ Other Required Costs noneEstimated minimum total cost to complete program \$ 605.00High School Diploma Required: Yes X No _____Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended Mathematic and SciencePre-enrollment or Placement test: Yes X No _____ Tests Used Otis IQ, IPAT, GATB

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Practical Nurse Starting Date(s) September 5, 1967

Basic Subject Taught (names)	Family Life Nutrition	Personal & Anatomy	Personal & Voc. Relat.	Nursing Fundmtls.	Care of Adult	Mothers & Infant	Care of Children	Clinical
No. different Subject Levels	1	1	1	3	2	1	1	3
Total Hours of Class Training	112	60	45	259	186	30	32	684
Minimum Requirement to Receive Credit	68% or "C" average to graduate.							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 1 year Average Enrollment: Men 2% Women 80% Total Capacity 40

No. of Students aged: 19 or under 15% 20-24 3% 25-29 67% 30 or over 15%

Tuition: Total 270.00 Monthly Basis _____ Payment Plan Quarterly

Books 50.00 Materials 10.00 Equipment _____ Other Required Costs Tests 6.00

Estimated minimum total cost to complete program \$ 336.00

High School Diploma Required: Yes X No _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used PACE (NLN), IPAT, Otis I.Q., State Employment Ability Test Battery

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Dental Assistant Starting Date(s) August 28, 1967

Basic Subject Taught (names)	*new program course of study not available,, however, program
No. different Subject Levels	content may be divided into three broad areas:
Total Hours of Class Training	(1) Orientation and professional conduct.
Minimum Requirement to Receive Credit	(2) Related Dental Theory.
	(3) Dental Assisting Skills.

* (available August 1, 1967)

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 48 weeks Average Enrollment: Men _____ Women 15 Total Capacity 15

No. of Students aged: 19 or under _____ 20-24 80% 25-29 10% 30 or over 10%

Tuition: Total \$270.00 in state Monthly Basis _____ Payment Plan Quarterly
540.00 out of state

Books _____ Materials 60.00 Equipment _____ Other Required Costs registration fee 10.00

Estimated minimum total cost to complete program \$ 340.00 in state - 610.00 out of state

High School Diploma Required: Yes ☒ No _____

Pre-requisite courses required One year of typing in high school or able to type 35 words per minute.

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes ☒ No _____ Tests Used Iowa Employment Security Service IPAT, Otis I.Q, and IPAT

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

(Cooperative)

Specific Training Program Clerical Secretary

Starting Date(s) August 28, 1967

Basic Subject Taught (names)	* New program - course of study not available, however instruction of business clerical and secretarial skills will be occupationally orientated by skill training courses which will be complete enough to provide people with the needed skills to fill local vacancies and flexible enough to change with local demands.						
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							
	(8 weeks in class; 8 weeks on job training; 8 weeks in class.						

* (Available August 1, 1967)

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 24 weeks Average Enrollment: Men _____ Women 24 Total Capacity 24

No. of Students aged: 19 or under 10% 20-24 20% 25-29 70% 30 or over _____

Tuition: Total 135.00 in state Monthly Basis _____ Payment Plan One half
270.00 out-of-state

Books _____ Materials _____ Equipment _____ Other Required Costs 20.00 total

Estimated minimum total cost to complete program \$ 155.00 in state - 290.00 out-of-state

High School Diploma Required: Yes X No _____

Pre-requisite courses required Must have one year of typing in high school or be able to type 35 words per minute

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Iowa Employment Security Service GATB, Otis I.Q., IPAT

Area XII Area Vocational School
SPECIALIZED SCHOOL NAME Western Iowa Tech

Street 222 So. Floyd Blvd.

City Sioux City, Iowa

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Dr. Robert H. Kiser Area Code 712 Telephone 258-0181

Sponsor or Owner Merged Area XII

School Accredited by State of Iowa Department of Public Instruction & Veterans Admin.-U.S. Office of Ed.

Application and information secured from: Name William F. Rickord Title Acting Director of Student

Application for admission submitted to: Name William F. Rickord Title Acting Director Personnel

Admission Fee: \$ 10.00 Is the fee applied toward tuition and other charges: Yes _____ No X

Fee required with enrollment application: Amount None Is the fee applied toward tuition and other charges: Yes _____ No X

Notification of acceptance: To student X To parent _____ To high school _____

High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X

Persons responsible for contacting William F. Rickord Address 222 So. Floyd Blvd.

prospective students; _____ Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When After application and in advance of selection

By whom tested Iowa State Employment Service and School Position Counselors

Interview conducted by: William F. Rickord Position Acting Dr. of Student Persl.

When: Arranged after testing and in advance of selection.

Graduate placement service: Yes X No _____ Person or agency responsible Iowa State Employment Service and School

Student, part time work, placement service: Yes X No _____

Person or agency responsible School and Iowa State Employment Service

First term progress report sent to: Parents X Students under 21 and not ahead of H.H. Students X High School X upon req Other _____

Students live: At home 50% % School owned NA % YMCA/YWCA 5% % Private home NA %

Public facilities NA % Private rooming house 25% % Other 20% %

Average monthly room and board cost: NA

Financial aids available: Institutional Loans \$ U.S.A.L Workstudy \$ X Scholarship \$ None Grants \$ none

Application for financial aid submitted to (person): William F. Rickord Deadline date for financial aid X

Tuition refund policy and schedule No fees will be returned except in case of illness. A doctor's written notice required. Payable at the beginning of each quarter.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME Area XII Western Iowa Tech

ADDRESS 222 So. Floyd Blvd.

Specific Training Program Electronic Technology Starting Date(s) August 28, 1967

Basic Subject Taught (names)	Elect. Fundamentals	Elect. Systems	Math	Drawing	Communications	Physical Science	Shop Processes	Computer Fundmtls.
No. different Subject Levels	3	4	3	3	2	2	1	1
Total Hours of Class Training	720	756	162	180	72	144	54	72
Minimum Requirement to Receive Credit	68% or Average grade of "C" for graduation							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Average Enrollment: Men 40 Women _____ Total Capacity 40

No. of Students aged: 19 or under _____ 20-24 80% 25-29 15% 30 or over 5%

Tuition: Total \$405.00 Monthly Basis NA Payment Plan Quarterly

Books \$35.00 Materials 165.00 Equipment none Other Required Costs _____

Estimated minimum total cost to complete program \$ \$605.00

High School Diploma Required: Yes X No _____

Pre-requisite courses required Mathematics and Science

Specific Pre-requisite Courses recommended Mathematics and Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis IQ, IPAT, GATB

SPECIALIZED SCHOOL NAME Area XIII - Area Community School

Street East Washington Street

City Clarinda, Iowa 51632

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 542-4300 Area Code 712 Administrator J. W. Gell

Sponsor or Owner Clarinda Community School District

School Accredited by Iowa State Department of Public Instruction

Application for admission mailed to: Name J. W. Gell Title Director

Fee required with enrollment application: Amount \$5.00 Refundable: Yes No X

Is fee applied toward tuition and other charges: Yes X No

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes X No High School recommendation: Requested X Required

Dates student may begin classes: September each year

School visitation: Recommended X Required Includes: Parents X Students X Counselors X

Persons responsible for contacting J. W. Gell Address 801 S. 19th Clarinda, Iowa

Prospective Students: Address

 Address

Compensated by: Straight Salary X Commission Salary plus commission

Entrance Testing required: Yes No X When

By whom tested Position

Personal interview required: Yes X No When Before final admission

By whom tested J. W. Gell Position Director

Graduate placement service: Yes X No Person or agency responsible J. W. Gell, Director

Student, part time work, placement service: Yes X No

Person or agency responsible Director of student-personnel

First term progress report sent to: Parents X Students X High School Other N/A

Students live: At home 30 % School owned 30 % YMCA/YWCA % Private home %

Public facilities % Private rooming house 40 % Other %

Financial aids available: Loans X Workstudy X Scholarship X Other

Monthly room and board cost: \$80 Admission Fee:

Application for financial aid required: Yes X No Deadline Date September

Director of financial aid Dr. Lawrence Sonneman, Dean of the college

Tuition refund policy and schedule No refund

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No

SPECIFIC TRAINING PROGRAMS

Area XIII - Area Community School

PROGRAM Mechanical Technology STARTING DATE September

Basic Subject Taught (names)	Machine Operation	Drafting Design	Technical Math	Technical Physics	Technical Reporting	Auxiliary Mechanical	Technology Courses
No. different Subject Levels	9	3	1	4	1	3	
Total Hours of Class Training	612	396		720		468	
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9 months Total Capacity 36

Average Enrollment: Men 36 Women 0 1st Term Students 18 Other Than 1st Term Students 18

No. of Students aged: 19 or under 10 20-24 26 25-29 30 or over

Tuition: Total \$300 Monthly Basis No Payment Plan Payments can be arranged

Other Fees \$90 Books \$72 Materials \$25 Equipment \$36

Pre-requisite courses required None

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area XIII - Area Community School
PROGRAM Practical Nursing

STARTING DATE _____

Basic Subject Taught (names)	Body Structure	Normal Nutrition	Nursing Care	Mother & Infant	Community Relations	Care of Adults	Civil Defense	Care of Children
No. different Subject Levels								
Total Hours of Class Training	60	40	150	26	24	130	16	50
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Family Life							
No. different Subject Levels								
Total Hours of Class Training	34							
Minimum Requirement to Receive Credit								

Length of Training Program 1 year Total Capacity 17

Average Enrollment: Men 2 Women 15 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 7 20-24 _____ 25-29 _____ 30 or over 7

Tuition: Total \$240 - district \$260 - non district Monthly Basis _____ Payment Plan Quarterly

\$360 - out of state

Other Fees \$100 Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____ H. S. diploma or equivalent 17-55 years Physical examination

Specific Pre-requisite Courses recommended No

Pre-enrollment or Placement test: Yes X No _____ Tests Used PACE Otis Mental

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue, Council Bluffs, Iowa 51501Specific Training Program Printing - Linotype

First part of September for fall quarter. Students may enroll at the beginning of any quarter session or during the quarter session under special conditions and permission of administration and instructor.

Basic Subject Taught (names)	Linotype Keyboard	Letterpress Work & General Printing	General Lithography	Related Math & Printers English	Linotype Operation	Proofreading & Correcting	Linotype Maintenance	Ludlow, Strip Caster Operation & Maintenance
No. different Subject Levels	3	6	1	6	3	5	5	5
Total Hours of Class Training	450	150	60	312	450	110	340	200
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Typing						
No. different Subject Levels	2						
Total Hours of Class Training	88						
Minimum Requirement to Receive Credit							

Length of Training Program 18 months Average Enrollment: Men 5 Women 1 Total Capacity 6 per classNo. of Students aged: 19 or under 2 20-24 2 25-29 1 30 or over 2Tuition: Total \$559.98 ~~Monthly Basis~~ Quarterly \$93.33 (out of state 140.00) Payment Plan Tuition fee mustbe paid at the time of registration for each quarter. Students may make special arrangements for tuition payments if not able to pay on a quarterly basis.Books _____ Materials Estimated \$25.00 Equipment \$20.00 deposit Other Required Costs \$5.00Estimated minimum total cost to complete program \$ 610.00High School Diploma Required: Yes _____ No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Math, English, SpellingPre-enrollment or Placement test: Yes X No _____ Tests Used Otis, GATB, and entrance test battery.

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue, Council Bluffs, Iowa 51501Specific Training Program Printing - OffsetStarting Date(s) First part of September for fall quarter. Students may enroll at the beginning of any quarter session, or during the quarter sessions under special conditions and permission of administration and instructor

Basic Subject Taught (names)	General Printing	Letter Presswork	Lithography	Linotype Keyboard	Related Math & English	Lithography Presswork	Photography & plate-making	Letterpress Automatic
No. different Subject Levels	1	2	1	1	4	5	3	3
Total Hours of Class Training	60	90	60	90	240	1032	180	288
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Shop Management	Human Relations	Applied Science & Print. Eng.	Business Principles				
No. different Subject Levels	1	1	2	1				
Total Hours of Class Training	20	40	50	10				
Minimum Requirement to Receive Credit								

Length of Training Program 18 months Average Enrollment: Men 12 Women 0 Total Capacity 14No. of Students aged: 19 or under 4 20-24 3 25-29 1 30 or over 4Tuition: Total \$559.98 Quarterly \$93.33 Monthly Basis \$93.33 Out of state 140.00 Payment Plan Tuition fee mustbe paid at the time of registration for each quarter. Students may make special arrangements for tuition payments if not able to pay on a quarterly basis.Books Materials Estimated \$25.00 Equipment \$20.00 deposit Other Required Costs \$5.00Estimated minimum total cost to complete program \$ 610.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Math, English, SpellingPre-enrollment or Placement test: Yes X No Tests Used Otis, GATB, and entrance test battery.

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue, Council Bluffs, Iowa 51501Specific Training Program Farm Equipment Maintenance and Sales Starting Date(s) First part of September

Basic Subject Taught (names)	Shop Skills	Engines	Fuel Systems	Electricity	Power Train and Brakes	Power Unit	Hydraulics	Farm Equipment
No. different Subject Levels	2	2	3	2	1	4	2	5
Total Hours of Class Training	150	320	230	160	90	250	180	240
Minimum Requirement to Receive Credit	134	285	205	144	80	226	160	216

Basic Subject Taught (names)	Math	Marketing & Merchandising	Sales	Communication	Dealership Familiar.	Business Education	Supervisory Development	
No. different Subject Levels	2	2	3	3	1	1	1	
Total Hours of Class Training	110	100	110	110	480	60	50	
Minimum Requirement to Receive Credit	99	90	98	99	430	54	45	

Length of Training Program 21 months Average Enrollment: Men 16 Women _____ Total Capacity 16
3 months spent in employmentNo. of Students aged: 19 or under 7 20-24 7 25-29 1 30 or over 1Tuition: Total \$653.31 Quarterly \$93.33 (out of state 140.00) Monthly Basis _____ Payment Plan Tuition fee must be paid at time of registration for each quarter. Students may make special arrangements for tuition payments if not able to pay on a quarterly basis.Books Estimated \$20.00 Materials \$15.00 approximately Equipment \$20.00 deposit Other Required Costs \$5.00Estimated minimum total cost to complete program \$ 713.31High School Diploma Required: Yes _____ No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Math, Science, English, DrawingPre-enrollment or Placement test: Yes X No _____ Tests Used Otis, GATB, and entrance test battery

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue Council Bluffs, Iowa 51501Specific Training Program Practical Nursing Starting Date(s) First week of September

Basic Subject Taught (names)	Fundamentals of P.N. Care	Body Structure & Function	Nutrition	Family Liv. & Life Span	Per., Voc., Comm. Guid.	Nursing the Adult Patient Med.-Surg.	Nursing of Children	
No. different Subject Levels	1	1	1	1	1	1	1	
Total Hours of Class Training	156	60	36	36	36	60	36	
Minimum Requirement to Receive Credit	156	60	36	36	36	60	36	

Basic Subject Taught (names)	Nursing of Mothers and of Infants		Nursing of Special Situations			Clinical Experiences	
No. different Subject Levels	1		1			6	
Total Hours of Class Training	36		36			—	
Minimum Requirement to Receive Credit	36		36			800	

Length of Training Program 11 months Average Enrollment: Men Women 25 Total Capacity 30No. of Students aged: 19 or under 10 20-24 5 25-29 3 30 or over 8Tuition: Total 342.21 - Iowa Resident Monthly Basis Payment Plan

Fall Quarter 93.33; Winter Quarter 93.33; Spring Quarter 93.33; Summer Quarter 62.22; Tuition must be paid at the time of registration for each quarter. Students may make special arrangements for tuition payments if not able to pay on a

Books Est. \$25.00 - \$30.00 Materials \$30.00 Equipment deposit \$20.00 Other Required Costs Uniforms \$35.00

Estimated minimum total cost to complete program \$ 452.21High School Diploma Required: Yes X No Or High School Equivalency CertificatePre-requisite courses required NoneSpecific Pre-requisite Courses recommended Science, EnglishPre-enrollment or Placement test: Yes X No Tests Used Otis and entrance test battery.

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue, Council Bluffs, Iowa 51501Specific Training Program Business Office Receptionist Starting Date(s) First part of September

Basic Subject Taught (names)	Type- writing	Comm. Transcription	Skills & Equipment	Office Machines	Filing	Receptionist Training	Clerical Record Keep.	Grooming and Personal Dev.
No. different Subject Levels	2		1	2	1	1	1	1
Total Hours of Class Training	140		30	50	30	30	30	30
Minimum Requirement to Receive Credit	140		30	50	30	30	30	30

Basic Subject Taught (names)	Individual Instruction	Supervised Training	Cooperative	Transcription Projects	Orientation to Data Processing	
No. different Subject Levels	2		1	1		1
Total Hours of Class Training	100		320	20		20
Minimum Requirement to Receive Credit	100		320	20		20

Length of Training Program 6 months Average Enrollment: Men Women 15 Total Capacity 15No. of Students aged: 19 or under 1 20-24 4 25-29 3 30 or over 2Tuition: Total \$186.66 Quarterly
Monthly Basis \$93.33 Payment Plan Tuition must bepaid at the time of registration for each quarter. Students may make special arrangements for tuition payments if
not able to pay on a quarterly basis.Books Estimated \$30.00 Materials \$5.00 approximately Equipment \$20.00 deposit Other Required Costs \$5.00Estimated minimum total cost to complete program \$ 246.00High School Diploma Required: Yes No XPre-requisite courses required TypingSpecific Pre-requisite Courses recommended Pre-enrollment or Placement test: Yes X No Tests Used Otis, GATB, and entrance test battery,

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue, Council Bluffs, Iowa 51501Specific Training Program Medical Assistant Starting Date(s) First part of September

Basic Subject Taught (names)	Medical Assistant Secretarial Procedure	Med. Assist Employment	Comm.	Medical Terminology Cor. to Human Body Growth and Development	Lab. Orientation	Lab. Technique
No. different Subject Levels	1	2	1	1	2	1
Total Hours of Class Training	60	60	12	36	96	48
Minimum Requirement to Receive Credit	60	60	12	36	96	48

Basic Subject Taught (names)	Personal Adjustment & Community Relations	Dynamics of Personality	Med. Office Procedure	Clinical Experience			
No. different Subject Levels	1	2	1	4	2		
Total Hours of Class Training	60	60	24	264	464		
Minimum Requirement to Receive Credit	60	60	24	264	464		

Length of Training Program 11 months Average Enrollment: Men 12 Total Capacity 20No. of Students aged: 19 or under 5 20-24 1 25-29 4 30 or over 2Tuition: Total \$342.21 Quarterly \$93.33 Basis monthly Payment Plan Fall Quarter \$93.33; WinterQuarter \$93.33; Spring Quarter \$93.33; Summer Quarter \$62.22. Tuition must be paid at the time of registration for each quarter.Students may make special arrangements for tuition payments if not able to pay on a quarterly basis.Books Estimated \$45.00 Materials \$20.00 Equipment \$20.00 deposit Other Required Costs \$50.00 approximatelyEstimated minimum total cost to complete program \$ 477.00High School Diploma Required: Yes No X but strongly recommended and preferredPre-requisite courses required TypingSpecific Pre-requisite Courses recommended SciencePre-enrollment or Placement test: Yes X No Tests Used Otis, GATB, and entrance battery.

SPECIALIZED SCHOOL NAME Iowa Western Community College (Merged Area XIII)Street 321 - 16th AvenueCity Council Bluffs, Iowa 51501

ZIP CODE

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Administrator Dr. Robert D. Looft, SuperintendentArea Code 712Telephone 328-3831Sponsor or Owner Merged Area XIIISchool Accredited by Division of Vocational Education, Iowa State Department of Public InstructionApplication and information secured from: Name Warren R. MorrowTitle Director, Student Personnel ServicesApplication for admission submitted to: Name Warren R. MorrowTitle Director, Student Personnel ServicesAdmission Fee: \$ Same as for enrollment Is the fee applied toward tuition and other charges: Yes No Fee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes X \$5.00 No Notification of acceptance: To student X To parent To high school High school transcript required: Yes X No High School recommendation: Requested X Required School visitation: Recommended X Required X (Some Courses) Includes: Parents X Students X Counselors XPersons responsible for contacting Warren R. Morrow Address 321 - 16th Avenue Council Bluffs, Iowa 51501prospective students: Ann Callison Address 321 - 16th Avenue Council Bluffs, Iowa 51501Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes X No When Preceding acceptanceBy whom tested Student Personnel Services Position CounselorsInterview conducted by: Warren R. Morrow Position Director, Student Personnel ServicesWhen: Prior to AdmissionGraduate placement service: Yes X No Person or agency responsible Student Personnel ServicesStudent, part time work, placement service: Yes X No Person or agency responsible Student Personnel ServicesFirst term progress report sent to: Parents X Students X High School Other Students live: At home 66 % School owned % YMCA/YWCA % Private home 5 %Public facilities % Private rooming house 25 % Other 4 %Average monthly room and board cost: Varies with accomodationsFinancial aids available: Institutional Loans \$ X Workstudy \$ X Scholarship \$ X Grants \$ XApplication for financial aid submitted to (person): Warren R. Morrow Deadline date for financial aid Consult Student Personnel Office

Tuition refund policy and schedule Students who pay enrollment fees on a quarter basis, enter training and drop will receive a refund on the following basis: First 2 weeks or less 80%; Between 2 to 3 weeks 60%; Between 3 to 4 weeks 40%; Between 4 to 6 weeks 20%; Refund after 6 week period determined by Board of Education.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME IOWA WESTERN COMMUNITY COLLEGE (MERGED AREA XIII)ADDRESS 321 - 16th Avenue Council Bluffs, Iowa 51501Specific Training Program Automobile Mechanics Starting Date(s) First part of September

Basic Subject Taught (names)	Shop Skills	Brakes & Steering	Power Train	Gasoline Engines	Shop Arithmetic	Blue Print Reading & Sketching	Electricity	Fuel Systems
No. different Subject Levels	1	2	2	2	2	1	2	2
Total Hours of Class Training	60	180	180	330	60	60	210	210
Minimum Requirement to Receive Credit	54	160	160	300	54	54	190	190

Basic Subject Taught (names)	Body Adjust. & Suspension	Tune-up	Automatic Transmission	Comm. Oral&Written	Business Math	Business Management	Reports Oral&Written
No. different Subject Levels	1	2	2	1	1	1	1
Total Hours of Class Training	30	230	330	60	60	60	60
Minimum Requirement to Receive Credit	27	210	300	54	54	54	54

Length of Training Program 18 months Average Enrollment: Men 18-20 Women 0 Total Capacity 20 per classNo. of Students aged: 19 or under 16 20-24 5 25-29 0 30 or over 2Tuition: Total \$559.98 Quarterly Monthly Basis \$93.33 (out of state 140.00) Payment Plan Tuition fee must

be made at the time of registration for each quarter. Students may make special arrangements for tuition payments if not able to pay on quarterly basis.

Books Estimated \$17.00 Materials \$30.00 Equipment \$20.00 deposit Other Required Costs \$5.00Estimated minimum total cost to complete program \$ 610.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended High School automechanics, shop, general math, science, English, DrawingPre-enrollment or Placement test: Yes X No Tests Used Otis, GATB, and entrance test battery

SPECIALIZED SCHOOL NAME Southwestern Community CollegeStreet Oak at Howard Sts.City Creston, Iowa 50801

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Dr. William R. Pierce, Jr. Area Code 515 Telephone 782-7081Sponsor or Owner State of Iowa Merged Area XIVSchool Accredited by State of Iowa Department of Public InstructionApplication and information secured from: Name Barney C. Parker Title Director of AdmissionsApplication for admission submitted to: Name Barney C. Parker Title Director of AdmissionsAdmission Fee: \$ 5.00 Is the fee applied toward tuition and other charges: Yes _____ No XFee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors XPersons responsible for contacting Gerald A. Stroud Address Southwestern College, Box 458, Creston, Iowaprospective students; Barney C. Parker Address Southwestern College, Box 458, Creston, IowaCompensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes _____ No X When _____By whom tested Gerald A. Stroud Position Vocational CounselorInterview conducted by: Gerald A. Stroud Position Vocational CounselorWhen: Prior to acceptanceGraduate placement service: Yes X No _____ Person or agency responsible Gerald A. StroudStudent, part time work, placement service: Yes X No _____Person or agency responsible Gerald A. StroudFirst term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home 85 % School owned 05 % YMCA/YWCA _____ % Private home 10 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Average monthly room and board cost: \$90.00Financial aids available: Institutional Loans \$ limited funds Workstudy \$ _____ Scholarship \$ limited amount Grants \$ _____Application for financial aid submitted to (person): Gerald A. Stroud Deadline date for financial aid NoneTuition refund policy and schedule Before end 1st week of classes 80%, end 2nd week of classes 60%, 3rd week 40%,before end 4th week 20%, after 4th week none.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Electronics Technology Starting Date(s) September

Basic Subject Taught (names)	Basic electronics technology						
No. different Subject Levels	1						
Total Hours of Class Training	20 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related communications technology instruction						
No. different Subject Levels	1						
Total Hours of Class Training	10 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 18 months Average Enrollment: Men 7 Women 0 Total Capacity 20No. of Students aged: 19 or under 5 20-24 2 25-29 0 30 or over 0Tuition: Total \$400.00 Monthly Basis \$25.00 Payment Plan _____Individually designedBooks \$60.00 Materials --- Equipment --- Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 475.00High School Diploma Required: Yes X No _____Pre-requisite courses required Algebra or equivalent math abilitySpecific Pre-requisite Courses recommended Advanced Algebra and Physical SciencesPre-enrollment or Placement test: Yes X No _____ Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Auto Body Technology Starting Date(s) September, December

Basic Subject Taught (names)	Auto Body Techniques						
No. different Subject Levels	1						
Total Hours of Class Training	20 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related Auto Repair Instruction						
No. different Subject Levels	1						
Total Hours of Class Training	10 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 12 months Average Enrollment: Men 17 Women Total Capacity 15No. of Students aged: 19 or under 13 20-24 4 25-29 0 30 or over 0Tuition: Total \$250.00 Monthly Basis \$25.00 Payment Plan Individually designedBooks \$25.00 Materials --- Equipment \$25.00 refundable deposit Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 315.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Metal WorkingPre-enrollment or Placement test: Yes X No Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Auto Mechanics Technology Starting Date(s) August, December

Basic Subject Taught (names)	Auto Mechanics - Shop						
No. different Subject Levels	1						
Total Hours of Class Training	20 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Auto Mechanics - Related Instruction						
No. different Subject Levels	1						
Total Hours of Class Training	10 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 12 months Average Enrollment: Men 16 Women Total Capacity 15No. of Students aged: 19 or under 12 20-24 4 25-29 0 30 or over 0Tuition: Total \$250.00 Monthly Basis \$25.00 Payment Plan Individually designedBooks \$35.00 Materials --- Equipment \$25.00 refundable deposit Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 325.00High School Diploma Required: Yes No XPre-requisite courses required Specific Pre-requisite Courses recommended Algebra, Physics, Mechanical DrawingPre-enrollment or Placement test: Yes X No Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community College

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

ADDRESS Oak at Howard Sts., Creston, Iowa 50801Specific Training Program Structural Drafting Technology Starting Date(s) September

Basic Subject Taught (names)	Drafting techniques						
No. different Subject Levels	1						
Total Hours of Class Training	15 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related engineering fundamentals						
No. different Subject Levels	1						
Total Hours of Class Training	15 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 9 months Average Enrollment: Men 6 Women 0 Total Capacity 20No. of Students aged: 19 or under 3 20-24 3 25-29 0 30 or over 0Tuition: Total \$200.00 Monthly Basis \$25.00 Payment Plan _____Individually designedBooks \$35.00 Materials _____ Equipment _____ Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 250.00High School Diploma Required: Yes X No _____
(or equivalency)Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended Mechanical or Architectural Drawing, AlgebraPre-enrollment or Placement test: Yes X No _____ Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Office Occupations Starting Date(s) September

Basic Subject Taught (names)	Clerical and Secretarial Skills - laboratory						
No. different Subject Levels	2						
Total Hours of Class Training	15 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related Business Education Instruction						
No. different Subject Levels	2						
Total Hours of Class Training	15 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 6 months Average Enrollment: Men Women 34 Total Capacity 50No. of Students aged: 19 or under 23 20-24 8 25-29 1 30 or over 2Tuition: Total \$150.00 Monthly Basis \$25.00 Payment Plan Individually designedBooks \$70.00 Materials Equipment Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 235.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Bookkeeping, Office PracticePre-enrollment or Placement test: Yes X No Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Welding Technology Starting Date(s) September

Basic Subject Taught (names)	Welding Techniques - Shop						
No. different Subject Levels	1						
Total Hours of Class Training	20 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related Areas of Instruction						
No. different Subject Levels	1						
Total Hours of Class Training	10 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 12 months Average Enrollment: Men 7 Women Total Capacity 15No. of Students aged: 19 or under 5 20-24 2 25-29 0 30 or over 0Tuition: Total \$250.00 Monthly Basis \$25.00 Payment Plan Individually designed\$25.00 refundableBooks \$20.00 Materials 0 Equipment deposit Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 285.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes X No Tests Used GATB and DAT

SPECIALIZED SCHOOL NAME Southwestern Community CollegeADDRESS Oak at Howard Sts. Creston, Iowa 50801

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Carpentry and Building Construction Technology Starting Date(s) September

Basic Subject Taught (names)	Building Trades Technology - Shop						
No. different Subject Levels	1						
Total Hours of Class Training	20 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Basic Subject Taught (names)	Related construction trade instruction						
No. different Subject Levels	1						
Total Hours of Class Training	10 hours per week						
Minimum Requirement to Receive Credit	Satisfactory performance and attendance						

Length of Training Program 16 months Average Enrollment: Men 22 Women Total Capacity 30No. of Students aged: 19 or under 19 20-24 2 25-29 1 30 or over 0Tuition: Total \$350.00 Monthly Basis \$25.00 Payment Plan Individually designedBooks \$25.00 Materials Equipment \$25.00 refundable deposit Other Required Costs \$15.00 matriculationEstimated minimum total cost to complete program \$ 390.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended Wood shop techniques - mechanical drawingPre-enrollment or Placement test: Yes X No Tests Used GATB and DAT

Area XV - Iowa Technical Institute
SPECIALIZED SCHOOL NAME Iowa Technical Education Center
Street Municipal Airport
City Ottumwa, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 682-8351 Area Code _____ Administrator Harold L. Norris, Director
Sponsor or Owner Ottumwa Community School District
School Accredited by Iowa State Dept. of Public Instruction, Division of Vocational Education
Application for admission mailed to: Name Donald C. Palmer Title Admissions Counselor
Fee required with enrollment application: Amount None Refundable: Yes NA No NA
Is fee applied toward tuition and other charges: Yes NA No NA
Notification of acceptance: To student X To parent _____ To high school _____ None _____
High school transcript required: Yes X No _____ High School recommendation: Requested X Required NA
Dates student may begin classes: September only
School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
Persons responsible for contacting Donald C. Palmer Address Admissions Counselor
Prospective Students: _____ Address _____
_____ Address _____
Compensated by: Straight Salary X Commission NA Salary plus commission NA
Entrance Testing required: Yes X No _____ When At student's convenience
By whom tested School or state employment office Position _____
Personal interview required: Yes _____ No X When NA
By whom tested NA Position NA
Graduate placement service: Yes X No _____ Person or agency responsible Division Coordinator
Student, part time work, placement service: Yes X No _____
Person or agency responsible Donald C. Palmer, Admissions Counselor
First term progress report sent to: Parents X Students X High School _____ Other _____
Students live: At home 60 % School owned _____ % YMCA/YWCA 10 % Private home 20 %
Public facilities 10 % Private rooming house NA % Other NA %
Financial aids available: Loans _____ Workstudy X Scholarship _____ Other _____
Monthly room and board cost: varies Admission Fee: \$15
Application for financial aid required: Yes NA No NA Deadline Date NA
Director of financial aid NA
Tuition refund policy and schedule Tuition is \$100 per Semester. 1/18th or \$85 is subtracted from refund for each week completed. No refund after completion of 9 weeks of Semester.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

Iowa Technical Education Center

PROGRAM Data Processing STARTING DATE Sept. 1964

	Math	Accounting	Programming	E.A.M.	Communications Systems	Business		
Basic Subject Taught (names)								
No. different Subject Levels	3	4	7	2	2	2		
Total Hours of Class Training	180	324	522	180	144	108		
Minimum Requirement to Receive Credit	2	2	2	2	2	2		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 180

Average Enrollment: Men 120 Women 60 1st Term Students 100 Other Than 1st Term Students 80

No. of Students aged: 19 or under 60 20-24 40 25-29 40 30 or over 40

Tuition: Total \$400 per semester Monthly Basis _____ Payment Plan 3 payments

Other Fees _____ Books \$120 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended At least 2 years math plus bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmers Aptitude Test

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

Iowa Technical Education Center

PROGRAM Computer Maintenance

STARTING DATE Sept. 1965

Basic Subject Taught (names)	Math	Electronics	Communi- cations	Programming	Computer Logic			
No. different Subject Levels	4	13	2	4	3			
Total Hours of Class Training	360	1350	144	360	324			
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 100

Average Enrollment: Men 100 Women _____ 1st Term Students 60 Other Than 1st Term Students 40

No. of Students aged: 19 or under 15 20-24 40 25-29 25 30 or over 20

Tuition: Total \$400 per semester Monthly Basis NA Payment Plan 3 payments

Other Fees none Books \$120 Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended At least 2 years Math plus Gen Science & Physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programming APT. Test & ARITHMETIC Reasoning Test

SPECIFIC TRAINING PROGRAMS

Area XV- Iowa Technical Institute
Iowa Technical Education Center

PROGRAM Culinary Arts STARTING DATE Sept. 1965

Basic Subject Taught (names)	Nutrition	Arith	Communications	Sanitation & Food Safety	Management	On the Job Training		
No. different Subject Levels	1	1	1	1	1	4		
Total Hours of Class Training	50	35	35	40	25	855		
Minimum Requirement to Receive Credit	2.0	2.0	2.0	2.0	2.0	2.0		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 semesters Total Capacity 60

Average Enrollment: Men 40 Women 20 1st Term Students 35 Other Than 1st Term Students 25

No. of Students aged: 19 or under 20 20-24 15 25-29 15 30 or over 10

Tuition: Total \$200 per semester Monthly Basis NA Payment Plan 3 payments

Other Fees _____ Books \$40 Materials NA Equipment \$40

Pre-requisite courses required none

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute
Iowa Technical Education Center

PROGRAM Electronics Technology STARTING DATE Sept. 1962

Basic Subject Taught (names)	Math	Elect	Graphic Annalists	Communi- cations	Drafting	Eng. Science		
No. different Subject Levels	2	11	1	3	1	1		
Total Hours of Class Training	230	16	161	484	115	115		
Minimum Requirement to Receive Credit	2.0	2.0	2.0	2.0	2.0	2.0		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 50

Average Enrollment: Men 50 Women 1st Term Students 26 Other Than 1st Term Students 24

No. of Students aged: 19 or under 35 20-24 15 25-29 30 or over

Tuition: Total \$400 per semester Monthly Basis Payment Plan 3 payments

Other Fees none Books \$120 Materials Equipment \$15

Pre-requisite courses required none

Specific Pre-requisite Courses recommended 2 years Math, Physics

Pre-enrollment or Placement test: Yes No X Tests Used none

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute
Iowa Technical Education Center

PROGRAM Hardware Marketing STARTING DATE Sept. 1966

Basic Subject Taught (names)	Business	Sales- manship	Manage- ment	Law	Advertising	Communi- cations	Public Relations	On job training
No. different Subject Levels	8	2	3	11	3	1	1	2
Total Hours of Class Training	200	120	85	20	75	15	15	880
Minimum Requirement to Receive Credit	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 45 weeks Total Capacity 25

Average Enrollment: Men 15 Women 10 1st Term Students 25 Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 10 25-29 _____ 30 or over _____

Tuition: Total \$200 per semester Monthly Basis _____ Payment Plan 3 payments

Other Fees _____ Books \$50 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Business Courses & Psychology & Sociology

Pre-enrollment or Placement test: Yes _____ No X Tests Used NA

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

Iowa Technical Education Center

PROGRAM Practical Nursing

STARTING DATE Sept. 1963

	Hospital Experience	Nutrition	Psychology	Physiology	Family Care	Nursing Care		
Basic Subject Taught (names)								
No. different Subject Levels	7	1	1	1	1	1		
Total Hours of Class Training	335	48	64	64	48	190		
Minimum Requirement to Receive Credit	2.0	2.0	2.0	2.0	2.0	2.0		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Total Capacity 30

Average Enrollment: Men 2 Women 28 1st Term Students 30 Other Than 1st Term Students

No. of Students aged: 19 or under 12 20-24 10 25-29 4 30 or over 4

Tuition: Total \$200 per semester Monthly Basis Payment Plan 3 payments

Other Fees \$40 Books Materials Equipment \$80

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Psychology & Hygiene

Pre-enrollment or Placement test: Yes X No Tests Used Otis I.Q.

Area XV - Iowa Technical Institute
SPECIALIZED SCHOOL NAME Centerville Community College
Street 519 Drake Avenue
City Centerville, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 856-3265 Area Code _____ Administrator Dean Lyle Hellyer
Sponsor or Owner Centerville Independent School District
School Accredited by State Department of Public Instruction
Application for admission mailed to: Name Marion Romitti Title Director of Admissions
Fee required with enrollment application: Amount \$10.00 Refundable: Yes _____ No X
Is fee applied toward tuition and other charges: Yes X No _____
Notification of acceptance: To student X To parent _____ To high school _____ None _____
High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
Dates student may begin classes: September
School visitation: Recommended X Required _____ Includes: Parents _____ Students X Counselors _____
Persons responsible for contacting Marion Romitti Address Centerville Community College
Prospective Students: _____ Address _____
Compensated by: Straight Salary X Commission _____ Salary plus commission _____
Entrance Testing required: Yes X No _____ When ACT
By whom tested Agency Position _____
Personal interview required: Yes X No _____ When Arranged
By whom tested School administration Position _____
Graduate placement service: Yes X No _____ Person or agency responsible Vernie Schultz, Director
Student, part time work, placement service: Yes X No _____
Person or agency responsible Same Counselor
First term progress report sent to: Parents X Students X High School X Other _____
Students live: At home 50 % School owned _____ % YMCA/YWCA _____ % Private home _____ %
Public facilities _____ % Private rooming house 50 % Other _____ %
Financial aids available: Loans Yes Workstudy yes Scholarship Yes Athletic Yes Academic Yes Other _____
Monthly room and board cost: \$60-70 Admission Fee: Yes \$10.00
Application for financial aid required: Yes X No _____ Deadline Date NDEA - work study - Sept. 15, '66
Director of financial aid Marion Romitti
Tuition refund policy and schedule 1st 3 weeks-80% ; 4-6 weeks-60%; 7-9 weeks-50%
Nothing after 9 weeks.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

PROGRAM Auto Mechanics STARTING DATE September 1, 1965

Basic Subject Taught (names)	Auto. Theory	Auto Lab	Applied Math	Comm. Skills	Physics	Business Management	Ind. Rel.	
No. different Subject Levels	4	4	2	2	1	2	1	
Total Hours of Class Training	360	1080	108	72	54	108	54	
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 48

Average Enrollment: Men 36 Women 1st Term Students 24 Other Than 1st Term Students 16

No. of Students aged: 19 or under 60% 20-24 40% 25-29 30 or over

Tuition: Total \$200.00 per year Monthly Basis Payment Plan

Other Fees \$60.00 per year Books \$10.00 per year Materials Equipment Hand Tools

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School Power Mechanics

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute
PROGRAM Electronics **STARTING DATE** September 1, 1965

	Elect. Lab	Elect. Theory	Comm. Skills	Tech. Math	Physics	Elect. Drafting	Shop Processes	
Basic Subject Taught (names)								
No. different Subject Levels	4	4	2	3	1	1	1	
Total Hours of Class Training	800	396	72	270	90	108	90	
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 40

Average Enrollment: Men 36 Women 1st Term Students 20 Other Than 1st Term Students 16

No. of Students aged: 19 or under 60% 20-24 40% 25-29 30 or over

Tuition: Total \$200.00 per year Monthly Basis Payment Plan

Other Fees \$55.00 per year Books \$10.00 per year Materials Equipment Hand Tools

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Science & Math

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

PROGRAM Drafting STARTING DATE September 1, 1965

Basic Subject Taught (names)	Drafting Lab	Drafting Theory	Math	Comm. Skills	Related Courses	Physics	Mfg. Processes	
No. different Subject Levels	4	4	2	2	4	1	2	
Total Hours of Class Training	864	216	108	72	216	108	144	
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 54

Average Enrollment: Men 54 Women _____ 1st Term Students 27 Other Than 1st Term Students 27

No. of Students aged: 19 or under 60% 20-24 40% 25-29 _____ 30 or over _____

Tuition: Total \$200.00 per year Monthly Basis _____ Payment Plan _____

Other Fees \$40.00 per year Books \$10.00 Materials _____ Equipment Hand Tools

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Mechanical Drawing - Math

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area XV - Iowa Technical Institute

PROGRAM Practical Nursing STARTING DATE September 1, 1965

	Nursing Arts	Family Life Span	Pharmacology	Anatomy	Per. & Voc. Relations	Nutrition	Clinical Experiences	
Basic Subject Taught (names)								
No. different Subject Levels	1	1	1	1	1	1	1	
Total Hours of Class Training	126	36	18	54	36	54	654	
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Total Capacity 16

Average Enrollment: Men _____ Women 16 1st Term Students 16 Other Than 1st Term Students _____

No. of Students aged: 19 or under 25 % 20-24 25 % 25-29 25 % 30 or over 25 %

Tuition: Total \$240.00 per year Monthly Basis _____ Payment Plan _____

Other Fees \$60.00 per year Books _____ Materials _____ Equipment Complete nursing uniform

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High School Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used N.L.N. Test- Otis or Gatsby

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Secretarial Starting Date(s) September

Basic Subject Taught (names)	Shorthand	Typing	Comm. Skills	Math & Accounting	Machines	Projects		
No. different Subject Levels	3	3	3	3	2	3		
Total Hours of Class Training	180	180	108	106	60	480		
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men _____ Women 20 Total Capacity 20

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

Books \$40 Materials _____ Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 250

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended English, Typing, and Shorthand

Pre-enrollment or Placement test: Yes X No _____ Tests Used Minnesota Clerical

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Key Punch Starting Date(s) Every Quarter

Basic Subject Taught (names)	TYPING	COMM. SKILLS	KEYPUNCH	BUSINESS COMM.				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	180	30	240	30				
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Twelve or six weeks Average Enrollment: Men _____ Women _____ Total Capacity 25 every three mo.

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$50 (\$25 for six weeks) Monthly Basis _____ Payment Plan _____

Books \$20 to \$25 Materials _____ Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$85 (twelve weeks); \$55 (six weeks)

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used Keypunch Aptitude Test

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Practical Nursing Starting Date(s) September

Basic Subject Taught (names)	Hospital Exp.	Nutrition	Psychology	Physi- ology	Family Care	Nursing Care		
No. different Subject Levels	7	1	1	1	1	1		
Total Hours of Class Training	335	48	64	64	48	190		
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Average Enrollment: Men 4 Women 46 Total Capacity 50

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

Books \$30 Materials \$30 Equipment \$80 Other Required Costs \$60
\$10 Registration

Estimated minimum total cost to complete program \$ 410

High School Diploma Required: Yes X No _____

Pre-requisite courses required None
or GED

Specific Pre-requisite Courses recommended Psychology & Hygiene

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis IQ; PACE (National League for Nursing)

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Hardware Marketing Starting Date(s) September

Basic Subject Taught (names)	Business	Sales- manship	Manage- ment	Law	Advertising	Communi- cations	Public Relations	On job training
No. different Subject Levels	8	2	3	11	3	1	1	2
Total Hours of Class Training	200	120	85	20	75	15	15	880
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 45 weeks Average Enrollment: Men 15 Women 10 Total Capacity 25

No. of Students aged: 19 or under 15 20-24 10 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

Books \$50 Materials _____ Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ \$260

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Business courses, Psychology & Sociology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Hotel-Motel Management Starting Date(s) September

Basic Subject Taught (names)	Operations	Law	Comm. Skills	Math & Accounting	Indiv. Instruc.	Supervised Training		
No. different Subject Levels	10	1	2	2	3	2		
Total Hours of Class Training	500	50	100	100	150	720		
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Average Enrollment: Men _____ Women _____ Total Capacity 25

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

Books \$40 Materials \$10 Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 260

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Business Courses

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Electronic Computer Technology Starting Date(s) Every quarter

Basic Subject Taught (names)	Math	Elec- tronics	Communi- cations	Pro- gramming	Digital Comp Logic	Analog Comp Logic		
No. different Subject Levels	4	11	2	3	18	2		
Total Hours of Class Training	240	660	120	180	1080	120		
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Six quarters Average Enrollment: Men 100 Women _____ Total Capacity 200

No. of Students aged: 19 or under 15 20-24 40 25-29 25 30 or over 20

Tuition: Total \$300 Monthly Basis _____ Payment Plan Quarterly

Books \$175 Materials _____ Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 485

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended At least two years Math plus Gen Science & physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programming Aptitude Test & Arith Reasoning Test

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Electronics Technology Starting Date(s) September

Basic Subject Taught (names)	Math	Elect	Communi- cations	Drafting	Eng. Science	Indust. Elect.	Related Subjects	
No. different Subject Levels	5	15	4	3	2	2	4	
Total Hours of Class Training	264	1260	300	180	120	180	216	
Minimum Requirement to Receive Credit	1.8	1.8	1.8	1.8	1.8	1.8	1.8	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Seven quarters Average Enrollment: Men 72 Women _____ Total Capacity 75

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan Quarterly

Books \$150 Materials \$15 Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 575

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Math, Physics, Ind. Arts, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used Pre-Math Test

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Culinary Arts Starting Date(s) Each quarter

Basic Subject Taught (names)	Nutrition	Arith	Communi- cations	Sanitation Safety	Food Management	On the Job Trng.		
No. different Subject Levels	1	1	1	1	1	4		
Total Hours of Class Training	50	35	35	40	25	855		
Minimum Requirement to Receive Credit	2 0	2 0	2 0	2 0	2 0	2 0		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Average Enrollment: Men 40 Women 20 Total Capacity 60

No. of Students aged: 19 or under 20 20-24 15 25-29 15 30 or over 10

Tuition: Total \$200 Monthly Basis _____ Payment Plan Quarterly

Books \$40 Materials _____ Equipment \$40 Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 290

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Data Processing Starting Date(s) Every quarter

Basic Subject Taught (names)	Math	Accounting	Pro-gramming	E.A.M.	Communi-cations	Business Systems		
No. different Subject Levels	3	4	10	2	3	5		
Total Hours of Class Training	180	300	930	180	180	390		
Minimum Requirement to Receive Credit	2	2	2	2	2	2		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Six quarters Average Enrollment: Men 115 Women 25 Total Capacity 140

No. of Students aged: 19 or under 40 20-24 50 25-29 30 30 or over 20

Tuition: Total \$300 Monthly Basis _____ Payment Plan Quarterly

Books \$23/quarter Materials \$22/quarter Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$ 580

High School Diploma Required: Yes _____ No X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended At least two years math plus bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Programmers Aptitude Test & Pre-Math Test

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community CollegeStreet Ottumwa Industrial AirportCity Ottumwa, Iowa 52501

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Dr. Mel A. Everingham Area Code 515 Telephone 682-8081Sponsor or Owner Operated by Area XV Board of DirectorsSchool Accredited by Iowa State Dept. of Public Instruction, Division of Vocational EducationApplication and information secured from: Name Roy Forgy Title Admissions CounselorApplication for admission submitted to: Name Roy Forgy Title Admissions CounselorAdmission Fee: \$ 10 Is the fee applied toward tuition and other charges: Yes X NoFee required with enrollment application: Amount \$10 Is the fee applied toward tuition and other charges: Yes X NoNotification of acceptance: To student X To parent To high schoolHigh school transcript required: Yes X No High School recommendation: Requested X Required NASchool visitation: Recommended X Required Includes: Parents X Students X Counselors XPersons responsible for contacting Roy Forgy Address Admissions Counselor

prospective students; Address

Compensated by: Straight Salary X Commission NA Salary plus commission NAEntrance Testing required: Yes X No When At student's convenienceBy whom tested School or state employment office personnel Position CounselorInterview conducted by: NA Position NAWhen: NAGraduate placement service: Yes X No Person or agency responsible Department HeadStudent, part time work, placement service: Yes X NoPerson or agency responsible Roy Forgy, Admissions CounselorFirst term progress report sent to: Parents X Students X High School OtherStudents live: At home 60 % School owned % YMCA/YWCA 10 % Private home 20 %Public facilities 10 % Private rooming house NA % Other NA %Average monthly room and board cost: variesFinancial aids available: Institutional Loans \$ X Workstudy \$ X Scholarship \$ X Grants \$Application for financial aid submitted to (person): Coordinator, Financial Aid Deadline date for financial aid NA

Tuition refund policy and schedule Tuition is \$200 per year. Tuition is refunded for any quarter that is paid beyond the quarter in which the student is enrolled at the time of withdrawal.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME Iowa Tech - Area XV Community College

ADDRESS Ottumwa, Iowa 52501

Specific Training Program Clerical Starting Date(s) September, February

Basic Subject Taught (names)	TYPING	COMM SKILLS	RECORDS	MACHINES & FILING	PROJECTS	OFFICE PRACTICE		
No. different Subject Levels	2	1	1	1	4	1		
Total Hours of Class Training	120	60	60	60	180	180		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Two quarters Average Enrollment: Men _____ Women _____ Total Capacity 20 every six months

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$100 Monthly Basis _____ Payment Plan Quarterly

Books \$40 Materials _____ Equipment _____ Other Required Costs \$10 Registration

Estimated minimum total cost to complete program \$150

High School Diploma Required: Yes _____ No X

Pre-requisite courses required Bookkeeping, Business English, and Typing (all of these recommended)

Specific Pre-requisite Courses recommended See above line

Pre-enrollment or Placement test: Yes X No _____ Tests Used Minnesota Clerical

SPECIALIZED SCHOOL NAME Area XVI - Area Community College
 Street 1340 Mt. Pleasant Street
 City Burlington, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 752-3557 Area Code 319 Administrator Dr. Charles W. Hahn
 Sponsor or Owner Burlington Community School District
 School Accredited by Iowa Vocational Department, State Department of Public Instruction
 Application for admission mailed to: Name A. E. McCullough Title Director
 Fee required with enrollment application: Amount \$5.00 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Fall term
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____
 Persons responsible for contacting A. E. McCullough Address Student Service
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Prior
 By whom tested ACT Position Board
 Personal interview required: Yes _____ No _____ When Referred
 By whom tested Coordinator Student Services Position A. E. McCullough
 Graduate placement service: Yes X No _____ Person or agency responsible I. E. S.
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Director and Coordinator, Student Services
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home N/A % School owned N/A % YMCA/YWCA N/A % Private home N/A %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans _____ Workstudy yes Scholarship yes Other _____
 Monthly room and board cost: N/A Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule Per college schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Area XVI - Area Community College

PROGRAM Mechanical Design STARTING DATE _____

Basic Subject Taught (names)	Orientation Placement	Technical Math	Technical Drafting	Common Skills	Technical Science	Safety & Plant Oper.	Technical Reports	Mechanics
No. different Subject Levels	1							
Total Hours of Class Training	36	90	162	54	90	162	54	162
Minimum Requirement to Receive Credit	D	1.8 for certificate upon graduation						

Basic Subject Taught (names)	Mfg. Process	Psychology Human rel.	Elements of Design	Fluid Power	Pre-fab. of Metals	Applied Calculum	Design Problems	Mechanical Tool Design
No. different Subject Levels								
Total Hours of Class Training	270	54	162	108	162	54	162	72
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 20

Average Enrollment: Men 11 Women _____ 1st Term Students 10 Other Than 1st Term Students 11

No. of Students aged: 19 or under 50 20-24 25 25-29 25 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required H. S. Graduate

Specific Pre-requisite Courses recommended Math

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area XVI - Area Community College

PROGRAM Mechanical Problems STARTING DATE _____

Basic Subject Taught (names)	Orientatic Placement	Graphic Interpre.	Common Skills	Technical Science	Safety & Operation	Technical Reports	Strength of Material	
No. different Subject Levels	2							
Total Hours of Class Training	36	180	162	54	90	162	54	162
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Metal Machinery	Psychology Human Relations	Time & Mea. Statistics	Fluid Power	Character. of Material	Technical Graphics	Machine Maintenance	
No. different Subject Levels								
Total Hours of Class Training	270	54	54	54	108	162	162	72
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 20 Fresh. 20 Soph.

Average Enrollment: Men _____ Women _____ 1st Term Students 9 Other Than 1st Term Students 13

No. of Students aged: 19 or under 50 20-24 25 25-29 25 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area XVI - Area Community College

PROGRAM Electronics Technology STARTING DATE _____

Basic Subject Taught (names)	Orientation	Electronics Math	Elec. Graphic	Com. Skills	Technical Service	Basic Electronics	Tech. Reporting	Electrical Circuits
No. different Subject Levels	2	2					2	
Total Hours of Class Training	36	180	162	54	90	162	108	162
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 20

Average Enrollment: Men 20 Women _____ 1st Term Students 20 Other Than 1st Term Students _____

No. of Students aged: 19 or under 3/4 20-24 1/8 25-29 1/8 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees Lab \$16.00 semester Books \$30.00 semester Materials _____ Equipment _____

Pre-requisite courses required Graduate from H. S.

Specific Pre-requisite Courses recommended H. S. algebra, trigonometry

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Area XVI - Area Community College

PROGRAM Auto Mechanics STARTING DATE _____

	Auto Mech. Laboratory	Comm. Skills	Auto Business	Orientation	Tech. report writing	Am. insti.		
Basic Subject Taught (names)								
No. different Subject Levels	2		2					
Total Hours of Class Training	54	54	126	54	54	54		
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program one year Total Capacity 18

Average Enrollment: Men 7 Women _____ 1st Term Students 7 Other Than 1st Term Students _____

No. of Students aged: 19 or under 7 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$92.50 sem. Resident Monthly Basis _____ Payment Plan _____

\$110.00 sem. Non-resident

Other Fees Lab \$6.00 Books \$13 semester Materials _____ Equipment _____

Pre-requisite courses required None - graduate from h. s.

Specific Pre-requisite Courses recommended Math, H. S. algebra

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Area XVI - Area Community College

PROGRAM Practical Nursing STARTING DATE Sept. 6

	Nursing Care	Body Struc. & Function	Normal Nutrition	Community Relations	Family & Life Span	Care of Children	Care of Adults	Vocational Personnel
Basic Subject Taught (names)								
No. different Subject Levels								2
Total Hours of Class Training	20	20	20	20	20	20	20	40
Minimum Requirement to Receive Credit								

	Clinical Experience	Care of Mother & Child	Care of Aged	Nursing care in Communities				
Basic Subject Taught (names)								
No. different Subject Levels	2							
Total Hours of Class Training	40	20	20	20				
Minimum Requirement to Receive Credit								

Length of Training Program 1 year Total Capacity 20/semester

Average Enrollment: Men 1 Women 19 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 4 20-24 7 25-29 6 30 or over 3

Tuition: Total First term - \$100 Second - \$100 Monthly Basis _____ Payment Plan _____

Third - \$50

Other Fees \$75 Books _____ Materials _____ Equipment _____

Pre-requisite courses required Age 17-55 H. S. diploma physical examination

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used General development test - practical nursing

SPECIALIZED SCHOOL NAME Automation Institute of Omaha, Inc.Street 204 W. O. W. Bldg. 14th & FarnamCity Omaha, Nebraska 68102

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 341-3597 Area Code 402 Administrator Lester L. WiegertSponsor or Owner Nettleton Commercial College, Sioux Falls, South DakotaSchool Accredited by Automation Institute is a division of Nettleton, Boyles-Van Sant College, whose application to the Accrediting Commission for Business Schools is pending; will be notified April 1966.Application for admission mailed to: Name Mrs. Barbara Feichtinger Title RegistrarFee required with enrollment application: Amount \$50 except Key Punch at \$45 Refundable: Yes No XIs fee applied toward tuition and other charges: Yes No Notification of acceptance: To student X To parent To high school None High school transcript required: Yes X No High School recommendation: Requested Required Dates student may begin classes: MonthlySchool visitation: Recommended X Required Includes: Parents X Students X Counselors XPersons responsible for contacting Mr. Norman L. Mendon Address Automation InstituteProspective Students: Mr. Ralf F. Holmes Address " "Mr. Jesse Dawes Address " "Compensated by: Straight Salary Commission Salary plus commission XEntrance Testing required: Yes X No When Prior to actual enrollmentBy whom tested Position RegistrarPersonal interview required: Yes X No When At time the test is givenBy whom tested Position CounselorGraduate placement service: Yes X No Person or agency responsible Mrs. Delores A. SteereStudent, part time work, placement service: Yes X No Person or agency responsible Mrs. Delores A. SteereFirst term progress report sent to: Parents X Students High School Other Students live: At home 40 % School owned % YMCA/YWCA 25 % Private home 10 %Public facilities 5 % Private rooming house 10 % Other %Financial aids available: Loans X Workstudy Scholarship Other Monthly room and board cost: \$37.50 per four-week period Admission Fee: Application for financial aid required: Yes X No Deadline Date No later than two weeks prior to starting dateDirector of financial aid Lester L. Wiegert, DirectorTuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No Does not apply because of pending application with Accrediting Commission for Business Schools.

SPECIFIC TRAINING PROGRAMS

Automation Institute of Omaha, Inc.

PROGRAM Data Processing/Computer Programming **STARTING DATE** Approx. every 6 weeks

Basic Subject Taught (names)	Accounting	Math	Basic Mach operations & Proced.	IBM Machine	Intro. & tech. in program	Mr. Exec. Nan Taylor	PAR	1401 Program
No. different Subject Levels	4	1	1	1	4	1	1	1
Total Hours of Class Training	240	60	140	120	40	36	36	180
Minimum Requirement to Receive Credit	80%	80%	80%	80%	75%	80%	20% inc.	75%

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 38 Weeks Total Capacity 30 per each class

Average Enrollment: Men 85% Women 15% 1st Term Students 29% Other Than 1st Term Students 71%

No. of Students aged: 19 or under 65% 20-24 25% 25-29 7% 30 or over 3%

Tuition: Total \$1195 Monthly Basis _____ Payment Plan X

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High School Graduate and Aptitude Test

Specific Pre-requisite Courses recommended High School Graduate and Aptitude Test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Punch Card Machine Operator Aptitude Test

SPECIFIC TRAINING PROGRAMS

Automation Institute of Omaha, Inc.

PROGRAM Executive Secretarial STARTING DATE Every month

Basic Subject Taught (names)	English	Shorthand	Typing	Math	Accounting	Filing	Bus. Mach.	Psy.
No. different Subject Levels	2	5	4	1	3	1	1	1
Total Hours of Class Training	120	228	240	60	156	36	36	60
Minimum Requirement to Receive Credit	80%	120 WPM	60 WPM	80%	80%	80%	80%	80%

Basic Subject Taught (names)	Nancy Taylor							
No. different Subject Levels	1							
Total Hours of Class Training	36							
Minimum Requirement to Receive Credit	80%							

Length of Training Program Approx. 9 months Total Capacity no limit

Average Enrollment: Men 3% Women 97% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 6% 25-29 3% 30 or over 1%

Tuition: Total _____ Monthly Basis \$64 Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High school graduation and aptitude test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIFIC TRAINING PROGRAMS

Automation Institute of Omaha, Inc.

PROGRAM Private Secretarial STARTING DATE Every month

Basic Subject Taught (names)	English	Shorthand	Typing	Psy	Filing	Bus. Mach.	Accounting	Bus. Law
No. different Subject Levels	2	5	4	1	1	1	7	1
Total Hours of Class Training	120	228	240	60	36	36	432	60
Minimum Requirement to Receive Credit	80%	120 WPM	60 WPM	80%	80%	80%	80%	80%

Basic Subject Taught (names)	Nancy Taylor							
No. different Subject Levels	1							
Total Hours of Class Training	36							
Minimum Requirement to Receive Credit	80%							

Length of Training Program Approx. 17 months Total Capacity No limit

Average Enrollment: Men _____ Women 100% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 6% 25-29 3% 30 or over 1%

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High school graduation and aptitude test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIALIZED SCHOOL NAME Barnes Beauty College of Cosmetology
 Street 415 West Broadway
 City Council Bluffs, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 323-7175 Area Code 712 Administrator Bess M. Barnes
 Sponsor or Owner Bess M. Barnes
 School Accredited by National American Beauty Schools Association and State of Iowa
 Application for admission mailed to: Name Bess M. Barnes Title Owner
 Fee required with enrollment application: Amount \$145.00 Refundable: Yes No X
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes No X High School recommendation: Requested Required
 Dates student may begin classes: 1st Monday of each month
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Owner Address
 Prospective Students: Address
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No When
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested Bess M. Barnes Position Owner
 Graduate placement service: Yes No X Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents if requested Students X High School Other
 Students live: At home 50 % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house 50 % Other %
 Financial aids available: Loans None Workstudy Scholarship None Other
 Monthly room and board cost: Admission Fee: None
 Application for financial aid required: Yes No Deadline Date
 Director of financial aid
 Tuition refund policy and schedule No refund on \$145.00 as books, mannequin and kit of instruments included in tuition.
If paid in cash, balance is pro-rated and refunded.

SPECIFIC TRAINING PROGRAMS

Barnes Beauty College of Cosmetology

PROGRAM Cosmetology STARTING DATE 1st Monday of every month

Totals 2100 hours

Basic Subject Taught (names)	Shampooing	Marcelling	Facials	Electrical Devices	Scalp Treatment	Manicuring	Hair Coloring	Permenent Waving
No. different Subject Levels								
Total Hours of Class Training	100	1	150	25	125	75	225	559
Minimum Requirement to Receive Credit	100	1	150	25	125	75	225	559

Basic Subject Taught (names)	Fingerwave Hairstyling	Haircutting	Sanitation	Oral & Written tests	Iowa Law	Business Mgmt & Charm course	Hours left to discretion of owner
No. different Subject Levels							
Total Hours of Class Training	240	170	85	50	20	110	165
Minimum Requirement to Receive Credit	240	170	85	50	20	110	165

Length of Training Program 10½ months, 2100 hours Total Capacity 80

Average Enrollment: Men 3% Women 97% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 5% 25-29 2½% 30 or over 2½%

Tuition: Total \$495.00 Down payment monthly basis \$145.00 Payment Plan \$35.00

Other Fees None Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used Interview

SPECIALIZED SCHOOL NAME Bernel Hair Styling College
 Street 114 Fifth Street
 City Ames, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 233-1725 Area Code 515 Administrator Mrs. M. Wells, Manager
 Sponsor or Owner Mr. B. Hayden and Mr. E. Ross
 School Accredited by State of Iowa-National Schools Asso., Veterans, Rehabilitation, Immigration Iowa School Assoc.
 Application for admission mailed to: Name Mrs. Wells, Manager - Mr. Ross Title Director of Admissions
 Fee required with enrollment application: Amount \$35 Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent X To high school X requested None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: Regular Classes Jan, March, June, July, Sept., Oct.
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Mr. E. Ross Address 114 Fifth St., Ames, Iowa
 Prospective Students: Address 808 First Ave., So., Ft. Dodge
 Address

Compensated by: Straight Salary X Commission Salary plus commission

Entrance Testing required: Yes No X When apptitude suggested
 By whom tested Position

Personal interview required: Yes X No X When
 By whom tested Mr. E. Ross Position Director of Admission

Graduate placement service: Yes X No Person or agency responsible Manager

Student, part time work, placement service: Yes X No
 Person or agency responsible Manager

First term progress report sent to: Parents if requested Students High School Other

Students live: At home 33 1/3 % School owned 0 % YMCA/YWCA 0 % Private home 20 %
 Public facilities 0 % Private rooming house 20 % Other 26 2/3 %

Financial aids available: Loans State Workstudy Scholarship X Other

Monthly room and board cost: in private home \$40-100/ month Admission Fee: \$95 applicable to tuition

Application for financial aid required: Yes No X Deadline Date

Director of financial aid Mr. E. Ross or Mr. B. Hayden

Tuition refund policy and schedule all pre-paid tuition refunded if student does not start school -- tuition schedule -\$395.00
pd. on monthly basis -- 1st month 125.00, 2nd month 30.00 -- each additional month 30.00 until total is paid --
pre-paid - all surplus will be refunded if school not completed

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No Does not apply

SPECIFIC TRAINING PROGRAMS

Bernel Hairstyling College

PROGRAM Cosmotology

STARTING DATE Jan., March, April, June, July, Sept., Oct.

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

by state law

Perm. Wave	hair cutting	sanitation	manicuring	facial	hair dressing	Iowa law	color
3	3	3	3	3	3	3	3
559	170	85	75	150	240	20	225
559	170	85	75	150	240	20	225

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program 2100 hours Total Capacity 91 by law--50 ideal maximum

Average Enrollment: Men 2 Women 38 1st Term Students 7 Other Than 1st Term Students 34

No. of Students aged: 19 or under 30 20-24 7 25-29 2 30 or over 1

Tuition: Total \$395.00 Monthly Basis _____ Payment Plan _____

\$95.00 enrollment & equipment--\$30.00 per month

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required 10th Grade education

Specific Pre-requisite Courses recommended none by law

Pre-enrollment or Placement test: Yes X No _____ Tests Used our own

SPECIALIZED SCHOOL NAME Bernel Hairstyling College
 Street 808 1st Avenue, South
 City Fort Dodge, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 573-8541 Area Code 50501 Administrator Mrs. Fern Griffin
 Sponsor or Owner Bernel Incorporated, Eldon Ross and Bernard Hayden
 School Accredited by Iowa Cosmetology Schools Assoc., Inc.; Licensed by the Dept. of Cosmetology - The Nat'l Assoc. of
 Application for admission mailed to: Name Eldon A. Ross Title Dir. of Admissions Cosmetology School
 Fee required with enrollment application: Amount \$35 Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school if requested None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: January, March, June, July, September, October
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Eldon A. Ross Address 808 1st Ave. So. Ft. Dodge, Iowa
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes No X When
 By whom tested Position
 Graduate placement service: Yes X No Person or agency responsible Eldon A. Ross & Mrs. Fern Griffin
 Student, part time work, placement service: Yes X No
 Person or agency responsible Mrs. Fern Griffin
 First term progress report sent to: Parents Students X High School Other State
 Students live: At home 20 % School owned % YMCA/YWCA 10 % Private home 6 %
 Public facilities % Private rooming house 35 % Other Apt. 29 %
 Financial aids available: Loans X Workstudy Scholarship X Other
 Monthly room and board cost: Est. Room \$6 a week - Board \$12 a week Admission Fee: No admission fee as such
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Refund - if student does not start all refunded; if she starts the first month's tuition and supplies not refundable; after that tuition is pro-rated

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Bernel Hairstyling College

PROGRAM Cosmetology STARTING DATE January, March, June, July, September, October

Basic Subject Taught (names)	Shampooing	History Marcelling	Facial Massage	Electrical Devices	Anatomy & Scalp Treat.	Manicurring	Hair Tinting	Permanent Waving
No. different Subject Levels	Beginners	Freshman	Seniors					
Total Hours of Class Training	100	1	150	25	125	75	225	559
Minimum Requirement to Receive Credit	2100 hrs.							

Basic Subject Taught (names)	Finger Waving & Hairdressing	Haircutting Shaping	Sanitation Antiseptics	Written & Oral Tests	Iowa Law	Business Mgmt & Salesmanship	Hours left to Discretion of School Owner	
No. different Subject Levels								
Total Hours of Class Training	240	170	85	50	20	110	165	
Minimum Requirement to Receive Credit	2100 hrs.							

Length of Training Program Roughly 10½ months Total Capacity 175

Average Enrollment: Men ½ Women 59½ 1st Term Students 8 Other Than 1st Term Students 52

No. of Students aged: 19 or under 54 20-24 1 25-29 1 30 or over 4

Tuition: Total \$395 Monthly Basis \$30 a mo. till bal. pd. Payment Plan Pay \$95. by the time they start classes

Other Fees \$10 - \$15 Books furnished \$95 takes care of this Materials Equipment furnished \$95 takes care of this

Pre-requisite courses required 10th grade education

Specific Pre-requisite Courses recommended English, Social Studies, Dexterity Courses, Music

Pre-enrollment or Placement test: Yes No Tests Used Purdue Dexterity Test - Aptitude Test available but not mandatory - local means

SPECIALIZED SCHOOL NAME Beyer AviationStreet Municipal Airport, RFD #3City Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-1873 Area Code 319 Administrator Allen BeyerSponsor or Owner Allen BeyerSchool Accredited by Federal Aviation Agency, State of Iowa, and City of Dubuque, IowaApplication for admission mailed to: Name Allen Beyer Title OwnerFee required with enrollment application: Amount on application Refundable: Yes X No Is fee applied toward tuition and other charges: Yes X No Notification of acceptance: To student To parent To high school None High school transcript required: Yes No X High School recommendation: Requested No Required NoDates student may begin classes: anytimeSchool visitation: Recommended X Required Includes: Parents X Students X Counselors XPersons responsible for contacting Allen Beyer Address Airport, Dubuque, IowaProspective Students: Address Address Compensated by: Straight Salary Commission Salary plus commission Profits?Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes No X When By whom tested Position Graduate placement service: Yes X No Person or agency responsible Beyer AviationStudent, part time work, placement service: Yes X No Person or agency responsible Beyer AviationFirst term progress report sent to: Parents anyone on request Students High School Other Students live: At home 50 % School owned % YMCA/YWCA % Private home %Public facilities 50 % Private rooming house % Other %Financial aids available: Loans X Workstudy X Scholarship Other Monthly room and board cost: Not fixed Admission Fee: On applicationApplication for financial aid required: Yes X No Deadline Date NoneDirector of financial aid Allen Beyer

Tuition refund policy and schedule If training is interrupted because of unavoidable circumstances, or if the possibility has been discussed at the time of training is begun, refund is on a pro-rate basis.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No not required?

SPECIFIC TRAINING PROGRAMS

Beyer Aviation

PROGRAM Pilot Training STARTING DATE Anytime

Basic Subject Taught (names)	Solo	Private	Commercial	Flight Instructor	Multi-engines			
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program _____ Total Capacity Unlimited

Average Enrollment: Men 30 Women 5 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 5 25-29 5 30 or over 5

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees Approx. \$45 Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Boone Junior College
 Street 605 - 12th St.
 City Boone, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 432-5115 Area Code 515 Administrator Clair E. Abbott, Dean
 Sponsor or Owner Boone Community School District
 School Accredited by Iowa State Department of Public Instruction
 Application for admission mailed to: Name Clair E. Abbott Title Dean
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested No Required No
 Dates student may begin classes: Beginning first semester (Sept.); beginning second semester (Jan.)
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Clair E. Abbott, Dean Address Boone Junior College
 Prospective Students: Richard R. Tays, Ass't. Dean Address Boone Junior College
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes X No When Prior to enrollment
 By whom tested American College Testing Program Position
 Personal interview required: Yes X No When recommended time of application, interviewed at time of registration.
 By whom tested Dean or Ass't Dean Position
 Graduate placement service: Yes X No Person or agency responsible Office of the Dean, Registrar
 Student, part time work, placement service: Yes X No
 Person or agency responsible Office of the Dean, Registrar
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home 50 % School owned % YMCA/YWCA 3 % Private home 47 %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans NDEA Workstudy Scholarship X Other library aides
 Monthly room and board cost: appr. \$90.00 Admission Fee: None
 Application for financial aid required: Yes X No Deadline Date beginning of current semester
 Director of financial aid Richard R. Tays, Assistant Dean
 Tuition refund policy and schedule Tuition may be paid in three installments arranged to that the final payment is made by the end of the eighth week of the semester. Regunds are computed on a percentage basis through the ninth week of the semester.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No (to our knowledge this does not apply to our situation)

SPECIFIC TRAINING PROGRAMS

Boone Junior College

PROGRAM One-year secretarial course STARTING DATE each semester

Basic Subject Taught (names)	Engl	Typing	Psych	Business Math	Business Corres.	Office Techniques	Secretarial Practice	Business Machines
No. different Subject Levels	2	2	1	1	1	1	1	1
Total Hours of Class Training	6	6	3	3	3	2	5	2
Minimum Requirement to Receive Credit	passing grades							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program one year Total Capacity no plans for limiting enrollment

Average Enrollment: Men * Women * 1st Term Students * Other Than 1st Term Students *

No. of Students aged: 19 or under * 20-24 * 25-29 * 30 or over *

Tuition: Total Res. \$100; N-Res. \$115 Monthly Basis None Payment Plan as described on reverse

Other Fees appr. \$25 Books \$20 rental and deposit Materials ----- Equipment -----

per semester

Pre-requisite courses required high school diploma or equivalent

Specific Pre-requisite Courses recommended high school secretarial and business courses

Pre-enrollment or Placement test: Yes X No Tests Used ACT

*to be offered 1st time, fall, 1966.

SPECIFIC TRAINING PROGRAMS

Boone Junior College

PROGRAM Two-year secretarial course STARTING DATE each semester

	Eng.	Speech	Typing	Shorthand	Accting, Math.	Secretarial Practice	Busn. Corres.	Off. Tech., Busn. Mach
Basic Subject Taught (names)								
No. different Subject Levels	2	1	2	2	2	1	1	2
Total Hours of Class Training	6	2	8	8	7	5	3	4
Minimum Requirement to Receive Credit								

Electives in Sci.,
soc. sci. and psych.

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program two years Total Capacity enrollment not limited

Average Enrollment: Men 0 Women 15 1st Term Students 10 Other Than 1st Term Students 5

No. of Students aged: 19 or under 8 20-24 7 25-29 30 or over

Tuition: Total Res. \$100; N-Res \$115 Monthly Basis none Payment Plan as described on reverse

Other Fees Appr. \$25 Books \$20 rental and deposit Materials per semester Equipment

Pre-requisite courses required High School diploma or equivalent

Specific Pre-requisite Courses recommended high school business and secretarial

Pre-enrollment or Placement test: Yes X No Tests Used ACT

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SPECIALIZED SCHOOL NAME Broadlawns Polk County Hospital School of NursingStreet 18th & HickmanCity Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 283-2061 Area Code 515 Administrator Charles C. IngersollSponsor or Owner Polk CountySchool Accredited by National League for NursingApplication for admission mailed to: Name Mrs. Lorraine Piering, R.N. Title Assoc. Director-Nursing Ed.Fee required with enrollment application: Amount \$15.00 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____Dates student may begin classes: September (after Labor Day)School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting Mrs. Lorraine Piering Address As aboveProspective Students: Mrs. Yvonne Welshhons - Recr. Chm. Address As aboveMrs. Ellen DeFrance - Registrar Address As aboveCompensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When Testing Dates vary-info by request - Use ACT - Psych Corp, TestBy whom tested For Psych Corp - Faculty member Position _____Personal interview required: Yes X No _____ When At time of entrance test or other visit to schoolBy whom tested Mrs. Piering or faculty members Position _____Graduate placement service: Yes _____ No X Person or agency responsible _____Student, part time work, placement service: Yes _____ No _____ We have no placement service as such but students & grads have opportunity to work here.
Person or agency responsible _____First term progress report sent to: Parents X Students X High School _____ Other _____

Students live: At home if married _____ School owned _____ % YMCA/YWCA _____ % Private home _____ %

Public facilities _____ % about 90% residence Private rooming house _____ % Other _____ %Financial aids available: Loans Several Workstudy _____ Scholarship Several Other _____Monthly room and board cost: \$250 per year Admission Fee: - see regist. feeApplication for financial aid required: Yes X No _____ Deadline Date None setDirector of financial aid Loan CommitteeTuition refund policy and schedule Same as Drake for courses taken there in case of withdrawal from school of nursing only
unused portion of deposit for texts, uniforms & transportation will be refunded.

SPECIFIC TRAINING PROGRAMS

Broadlawns Polk County Hospital School of Nursing

PROGRAM 3 year diploma program in nursing STARTING DATE Fall semester

Basic Subject Taught (names)	Anatomy & Physiology	Micro-biology	Psychology	Sociology	English	Nutrition	Int. to study techniques	Nursing
No. different Subject Levels	1	1	1	1	1	1	1	2
Total Hours of Class Training	144	80	48	48	40	24	12	86
Minimum Requirement to Receive Credit	6 credits from Drake	3 sem. credits	3 sem. credits	3 sem. credits				

Basic Subject Taught (names)	Nursing Science	Med-Surgical Nurs.	Psycho-dynamic Nursing	Pediatric Nursing	Obsterical Nursing	Trends in Nursing		
No. different Subject Levels	4	4	1	1	1	1		
Total Hours of Class Training	72	408	120	120	130	36		
Minimum Requirement to Receive Credit								

Length of Training Program 3 years Total Capacity 75-90

Average Enrollment: Men 5-8 Women 70 1st Term Students 25-30 Other Than 1st Term Students 50-60

No. of Students aged: 19 or under approx. half 20-24 approx. half 25-29 30 or over

Tuition: Total \$150. Broadlawns Monthly Basis \$50./yr. Payment Plan on indiv, basis

Drake University - 18 credit hours at \$29.00 an hour -- Stud. Org., Library, Health, Activity, Graduation-Total \$140.

Other Fees Trans. \$105 - 3 yrs Books approx. \$170 for 3 yrs. Materials Uniforms - \$105.00 Equipment Other fees -

Pre-requisite courses required College Prep Courses in H.S., H.S. Chemistry prerequisite

Specific Pre-requisite Courses recommended 4 yrs English, 2 yrs Math, 3 or 4 yrs Science, Language

Pre-enrollment or Placement test: Yes X No Tests Used ACT, Psych Corp Nursing Test

SPECIALIZED SCHOOL NAME Burlington Beauty AcademyStreet 315 N. MainCity Burlington, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone Plaza 2-3193 Area Code 319 Administrator Melvin H. CrawfordSponsor or Owner M. H. CrawfordSchool Accredited by State Department of HealthApplication for admission mailed to: Name Burlington Beauty Academy Title _____Fee required with enrollment application: Amount \$25 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____Dates student may begin classes: June - September - JanuarySchool visitation: Recommended _____ Required X Includes: Parents Prefer Students X Counselors _____Persons responsible for contacting Darrel Vandiver Address 1610 So. CentralProspective Students: Lola Krekel Address 631 DunhamMildred Carl Address 1302 So. 13th

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When _____By whom tested Darrel Vandiver Position ManagerGraduate placement service: Yes X No _____ Person or agency responsible _____Student, part time work, placement service: Yes X No _____Person or agency responsible Burlington Beauty AcademyFirst term progress report sent to: Parents _____ Students x High School _____ Other _____Students live: At home 10 % School owned _____ % YMCA/YWCA 25 % Private home 5 %Public facilities _____ % Private rooming house 60 % Other _____ %Financial aids available: Loans _____ Workstudy 15-20% Scholarship _____ Other _____Monthly room and board cost: \$6.00 - \$7.50 per week Admission Fee: _____Application for financial aid required: Yes _____ No X Deadline Date _____

Director of financial aid _____

Tuition refund policy and schedule _____

Unused TuitionHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Burlington Beauty Academy
PROGRAM Cosmetology

STARTING DATE 1st wk. of June - September
2nd week of January

Basic Subject Taught (names)	Cosmetology						
No. different Subject Levels	1						
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2100 hours Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$375 Monthly Basis \$400 Payment Plan Yes

Other Fees none Books furnished Materials furnished Equipment furnished

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Burlington Business College
 Street 214 1/2 North Fourth Street
 City Burlington, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 752-4555 Area Code 319 Administrator J. Stewart Bevis
 Sponsor or Owner J. Stewart Bevis Veterans Administration; Illinois Private Business School Board
 School Accredited by Dept. of Public Instruction, Division of Vocational Rehabilitation; United Business Schools Assn.;
 Application for admission mailed to: Name Mr. J. S. Bevis Title President
 Fee required with enrollment application: Amount \$100 Refundable: Yes 75% No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: September, January, June
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Address
 Prospective Students: Mr. Melvin Lee Address 4th and Jefferson
Pres. Burlington Jr. College Address Burlington, Iowa
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No X When unless he does not have a h.s. diploma
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested Pres. or Vice-Pres. Position
 Graduate placement service: Yes X No Person or agency responsible
 Student, part time work, placement service: Yes X No
 Person or agency responsible Pres. or Vice-Pres.
 First term progress report sent to: Parents X Students High School Other
 Students live: At home 80 % School owned % YMCA/YWCA 5 % Private home 15 %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans Workstudy X Scholarship X Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes X No Deadline Date
 Director of financial aid Mr. Melvin E. Lee, Vice-President
 Tuition refund policy and schedule Up to 2 weeks, one-half of tuition; during next two weeks, one-fourth of tuition; after first four weeks, no refund

SPECIFIC TRAINING PROGRAMS

Burlington Business College

PROGRAM Business STARTING DATE Sept., June, January terms

Basic Subject Taught (names)	Secretarial	Exec. Secretarial	Steno.	Gen. Acct'g	Bus. Admin.	IBM Key punch		
No. different Subject Levels	28	31	18	23	28	1		
Total Hours of Class Training	1260	1494	900	1134	1458	60		
Minimum Requirement to Receive Credit	52-64 wks	64-76 wks	38-46 wks	50-58 wks	66-74 wks			

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program _____ Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME School of Nursing, Burl. Hospital
 Street 602 North 3rd Avenue
 City Burlington, Iowa 52601

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 754-5771 Area Code 319 Administrator Paul H. Keiser
 Sponsor or Owner Board of Directors of the Burlington Hospital
 School Accredited by Department of Diploma and Assoc. Degree Program of Nat'l League for Nursing
 Application for admission mailed to: Name Registrar Title School of Nursing
 Fee required with enrollment application: Amount \$15 (after accept) Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September only
 School visitation: Recommended _____ Required X Includes: Parents prefer Students X Counselors _____
 Persons responsible for contacting None (only instructors when Address _____
 Prospective Students: invited to college and career Address _____
programs Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Junior year of high school
 By whom tested ACT Position _____
 Personal interview required: Yes X No _____ When after acceptance
 By whom tested member of admissions committee Position _____
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No _____
 Person or agency responsible Work in hospitals at discretion of student
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 40 % School owned 50 % YMCA/YWCA _____ % Private home 10 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: \$100 per sem./room only Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date _____
 Director of financial aid Dale Mogren, Business Mgr. Burlington Hospital
 Tuition refund policy and schedule less than 2 weeks, 75%; 2-4 weeks, 50%; 4-6 weeks, 25%; after 6 weeks, none

SPECIFIC TRAINING PROGRAMS

Burlington Hospital School of Nursing

PROGRAM Nursing (RN) STARTING DATE September

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

English	Basic Science	Anatomy	Sociology	Intro. Nursing	Psychology	Med-Surg. Nursing	Psychology Nursing

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Medical Nursing	Pharm.	Community Health	Mat. Child Health	Marriage Family	Seminar		

Length of Training Program 27 months Total Capacity 90

Average Enrollment: Men 1 Women 51 1st Term Students 19 Other Than 1st Term Students 33

No. of Students aged: 19 or under 15 20-24 30 25-29 9 30 or over 6

Tuition: Total \$1,500 Monthly Basis none Payment Plan Sem. Basis

Other Fees Room rent Books \$100/three yr. Materials Equipment Clothing \$100/3 yr

Pre-requisite courses required Chemistry; other science; math and English

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used ACT

SPECIALIZED SCHOOL NAME Capitol Beauty School
 Street 1618 Hanney St.
 City Omaha, Nebraska

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 342-4821 Area Code 402 Administrator Vi Stehno, Director
 Sponsor or Owner Vi Stehno and Audrey Hunt - Co-owners
 School Accredited by National Institute of Cosmetology Education
 Application for admission mailed to: Name Vi Stehno Title Director
 Fee required with enrollment application: Amount \$10 Refundable: Yes No X
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: Second Tuesday each month
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Director of Registrar Address 1618 Hanney St., Omaha, Nebraska
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested Director of Registrar Position
 Graduate placement service: Yes X No Person or agency responsible
 Student, part time work, placement service: Yes X No
 Person or agency responsible Vi Stehno, Director
 First term progress report sent to: Parents X Students High School Other
 Students live: At home 90 % School owned % YMCA/YWCA 5 % Private home %
 Public facilities 5 % Private rooming house % Other %
 Financial aids available: Loans None Workstudy None Scholarship None Other None
 Monthly room and board cost: N/A Admission Fee:
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Tuition covers cost of first four months training
In case of withdrawal, tuition is prorated

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Capitol Beauty School

PROGRAM Cosmetology STARTING DATE New Class - Second Tuesday each month

Basic Subject Taught (names)	Hair Styling	Shampooing	Permanent Waving	Hair Coloring	Cosmetology Law	Shampooing & Rinses	Facial Massage	Scalp-Hair Treatment
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	284	196	214	180	50	103	400	44
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Arch-Brow Treatment	Manicuring	Elec. and Theory	Sanitation	Sterilization	Salon Ethics	Unassigned
No. different Subject Levels	1	1				1	
Total Hours of Class Training	44	26	200	100	100	120	115
Minimum Requirement to Receive Credit							

Length of Training Program 1800 hours Total Capacity 150

Average Enrollment: Men 10 Women 100 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 85% 20-24 5% 25-29 5% 30 or over 5%

Tuition: Total \$495 Monthly Basis _____ Payment Plan 90 day plan

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Salesmanship, Art, Business Arithmetic, Biology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Career Academy

ADDRESS 825 N. Jefferson Street, Milwaukee, Wisconsin

Specific Training Program Medical Assisting Starting Date(s) February, June, October

	Sterilization	First Aid	Examination Procedures	Injections	X-ray	Electro-cardiography	Basal Metabolic Rate	Urinalysis
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	6 hours	6 hours	9 hours	5 hours	9 hours	15 hours	18 hours	15 hours
Minimum Requirement to Receive Credit								

	Hematology	Laboratory Review	Medical Office Procedures	Telephone Technique	Personal Development	Medical Terminology and Examinations	Individual Laboratory Projects & Typing
Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training	60 hours	34 hours	27 hours	5 hours	5 hours	8 hours	200 hours
Minimum Requirement to Receive Credit							

Length of Training Program 15 weeks Average Enrollment: Men NA Women Total Capacity 160

No. of Students aged: 19 or under 80 % 20-24 15 % 25-29 5 % 30 or over

Tuition: Total \$ 898.00 Monthly Basis Payment Plan

Books \$ 26.50 Materials \$ 89.50 Equipment Other Required Costs \$ 20.00

Estimated minimum total cost to complete program \$ 1,000.00

High School Diploma Required: Yes X No

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology, Typing, Office Practice

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Career AcademyADDRESS 825 N. Jefferson Street, Milwaukee, WisconsinSpecific Training Program Medical Technician Starting Date(s) February, June, October

Basic Subject Taught (names)	Medical Assistant's Training program	Individual Projects	Laboratory	Advanced Hemotology & Urinalysis	Parasitology	Anatomy & Physiology
No. different Subject Levels						
Total Hours of Class Training	300 hours	160 hours		100 hours	100 hours	40 hours
Minimum Requirement to Receive Credit						

Basic Subject Taught (names)	Inorganic & organic chemistry	Clinical Biochemistry	Serology	Blood Banking	Medical Microbiology	Histopathology	General Lab Procedures	Advanced Lab Procedures
No. different Subject Levels								
Total Hours of Class Training	95 hours	230 hours	85 hours	85 hours	200 hours	90 hours	65 hours	35 hours
Minimum Requirement to Receive Credit								

Length of Training Program 8 months Average Enrollment: Men 5 % Women 95 % Total Capacity 30No. of Students aged: 19 or under 85 % 20-24 10 % 25-29 5 % 30 or over _____Tuition: Total \$ 1,095.00 Monthly Basis _____ Payment Plan _____Books \$ 42.50 Materials \$ 90.00 Equipment _____ Other Required Costs \$ 18.00Estimated minimum total cost to complete program \$ 1,300.00High School Diploma Required: Yes X No _____Pre-requisite courses required Medical Assisting or equivalent training

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Successful completion of Medical Assistant Curriculum

SPECIALIZED SCHOOL NAME Career Academy

ADDRESS 825 N. Jefferson Street, Milwaukee, Wisconsin

Specific Training Program Dental Assisting Starting Date(s) February, June, October

Basic Subject Taught (names)	Office Management	Dental Anatomy, Physiology & Pathology	Microbiology & Sterilization	Care of Instruments & Equipment	Chair Assisting	Dental Materials & their use	Laboratory Procedures	Dental X-Ray Techniques
No. different Subject Levels								
Total Hours of Class Training	50 hours	9 hours	9 hours	10 hours	34 hours	9 hours	53 hours	18 hours
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	First Aid	Oral Hygiene	Diet and Nutrition	Assisting the Dental Specialist	Dental Terminology & Examination	Individual Projects	Laboratory Typing
No. different Subject Levels							
Total Hours of Class Training	5 hours	4 hours	4 hours	12 hours	8 hours	100	hours
Minimum Requirement to Receive Credit							

Length of Training Program 15 weeks Average Enrollment: Men _____ Women X Total Capacity 80

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$ 898.00 Monthly Basis _____ Payment Plan _____

Books \$ 26.50 Materials \$ 89.50 Equipment _____ Other Required Costs \$ 20.00

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME Career Academy

ADDRESS 825 N. Jefferson Street, Milwaukee, Wisconsin

Specific Training Program Dental Technology Starting Date(s) October each year

Basic Subject Taught (names)	Crown & Bridge work	Partial Denture	Complete Dentures	Ceramics	Business Practice & Ethics	Dental Terminology		
No. different Subject Levels								
Total Hours of Class Training	300 hours	275 hours	275 hours	110 hours	(Included with previous subjects)			
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program One year Average Enrollment: Men 90 % Women 10 % Total Capacity 96

No. of Students aged: 19 or under 80 % 20-24 10 % 25-29 5 % 30 or over 5 %

Tuition: Total \$ 1,695.00 Monthly Basis _____ Payment Plan _____

Books \$ 47.70 Materials \$ 90.00 Equipment \$ 145.00 Other Required Costs \$ 20.00

Estimated minimum total cost to complete program \$ \$2,000.00

High School Diploma Required: Yes X No _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME CAREER ACADEMYStreet 825 N. Jefferson StreetCity Milwaukee, Wisconsin 53202

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Mr. Richard Plotkin Area Code 414 Telephone 272-4822Sponsor or Owner Career Academy, IncorporatedSchool Accredited by National Association of Trade & Technical Schools - National Home Study CouncilApplication and information secured from: Name Career Academy, Milwaukee, Wisconsin Title _____Application for admission submitted to: Name Career Academy, Milwaukee, Wisconsin Title _____Admission Fee: \$ None Is the fee applied toward tuition and other charges: Yes N.A. No N.A.Fee required with enrollment application: Amount \$ 50.00 Is the fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting Mr. Maurice McCormack Address 3209 St. John Road, Des Moines, Iowa

prospective students; _____ Address _____

Compensated by: Straight Salary _____ Commission Yes Salary plus commission _____Entrance Testing required: Yes X No _____ When During initial interview (For Broadcast course only)By whom tested By interviewer (Submits test to school for evaluation) Position Authorized representative

Interview conducted by: _____ Position _____

When: _____

Graduate placement service: Yes X No _____ Person or agency responsible Career Academy, Placement DepartmentStudent, part time work, placement service: Yes X No _____Person or agency responsible Career AcademyFirst term progress report sent to: Parents X Students _____ High School _____ Other _____Students live: At home M18%-F15% School owned _____ % YMCA/YWCA _____ % Private home Female 60% %Public facilities Male 72% - Female 25% Private rooming house _____ % Other Male 10% %Average monthly room and board cost: \$ 100.00Financial aids available: Institutional Loans \$ 500.00 * Workstudy \$ _____ Scholarship \$ _____ Grants \$ _____

Application for financial aid submitted to (person): _____ Deadline date for financial aid _____

Tuition refund policy and schedule Conform with local state regulations. In those states where there is no refund policy, we abide by the regulations of the State of Wisconsin.* National Vocational Student Loan Insurance Act of 1965.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No _____

Please advise what information the State Department of Public Instruction wishes.

SPECIALIZED SCHOOL NAME Career Academy

ADDRESS 825 N. Jefferson Street, Milwaukee, Wisconsin

Specific Training Program Broadcasters Starting Date(s) February, June, October

Basic Subject Taught (names)	General Lecture	Voice & Commercials	Pronunciation & Vocabulary	Local Studio	Network Studio	Television	
No. different Subject Levels							
Total Hours of Class Training	50 hours	65 hours	35 hours	60 hours	60 hours	30 hours	
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 15 hours Average Enrollment: Men 85 % Women 15 % Total Capacity 120

No. of Students aged: 19 or under 85 % 20-24 10 % 25-29 3 % 30 or over 2 %

Tuition: Total 898.00 Monthly Basis _____ Payment Plan _____

Books \$ 39.50 Materials \$ 89.50 Equipment _____ Other Required Costs \$ 20.00

Estimated minimum total cost to complete program \$ _____

High School Diploma Required: Yes X No _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Speech and Dramatics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Voice Analysis Taken

SPECIALIZED SCHOOL NAME Cedar Rapids Business College
 Street 128 Second Avenue, S. W.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 364-8521 Area Code 319 Administrator H. H. Hunt
 Sponsor or Owner _____
 School Accredited by _____
 Application for admission mailed to: Name _____ Title Registrar
 Fee required with enrollment application: Amount none Refundable: Yes _____ No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____
 Dates student may begin classes: 1st Monday of each month
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting J. W. Hunt Address Cedar Rapids, Iowa
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When _____
 By whom tested _____ Position Registrar
 Graduate placement service: Yes X No _____ Person or agency responsible School employment department
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible School employment department
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 40 % School owned _____ % YMCA/YWCA _____ % Private home 30 %
 Public facilities _____ % Private rooming house 30 % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: _____ Admission Fee: _____
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Cedar Rapids Business College

PROGRAM Accounting STARTING DATE 1st Monday of each month

Basic Subject Taught (names)	Accounting	English	Business Math	Business Law	Business Administration	Sales	Typing	
No. different Subject Levels	3	1	1	1	1	1	3	
Total Hours of Class Training	369	40	40	40	40	40	240	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 10 - 18 months Total Capacity _____

Average Enrollment: Men 35 Women 15 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 25 20-24 12 25-29 8 30 or over 5

Tuition: Total _____ Monthly Basis \$60.00 Payment Plan _____

Other Fees _____ Books & Materials \$90-120 Materials _____ Equipment _____

Pre-requisite courses required High School Diploma

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Subject placement tests

SPECIFIC TRAINING PROGRAMS

Cedar Rapids Business College

PROGRAM Stenographic STARTING DATE 1st Monday of each month

Basic Subject Taught (names)	Accounting	English	Business Math	Shorthand	Typing	Business Administration	Business Law	Misc.
No. different Subject Levels	2	1	1	2	3	1	1	
Total Hours of Class Training	200	40	40	200	300	40	40	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10-18 months Total Capacity 65

Average Enrollment: Men Women 65 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 40 20-24 10 25-29 10 30 or over

Tuition: Total Monthly Basis Payment Plan

Other Fees Books & Materials \$70-110 Materials Equipment

Pre-requisite courses required High School Diploma

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used Subject Placement Tests

SPECIALIZED SCHOOL NAME Clinton Academy of Beauty
 Street 311 South Second Street
 City Clinton, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 242-0509 Area Code 319 Administrator Mr. Rex Tague
 Sponsor or Owner Mr. and Mrs. Rex Tague
 School Accredited by State Board of Cosmetology
 Application for admission mailed to: Name Mr. Rex Tague Title Director
 Fee required with enrollment application: Amount \$50 Refundable: Yes X and No X
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent if possible To high school None
 High school transcript required: Yes No X High School recommendation: Requested Required
 Dates student may begin classes: January, April, June, and September
 School visitation: Recommended X Required Includes: Parents Students Counselors
 Persons responsible for contacting No recruiting is done Address
 Prospective Students: Address
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When At time of enrollment
 By whom tested Mr. Tague Position Director
 Graduate placement service: Yes X No Person or agency responsible Owner
 Student, part time work, placement service: Yes No X
 Person or agency responsible if work is unsatisfactory
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home 98 % School owned % YMCA/YWCA 1 % Private home %
 Public facilities % Private rooming house 1 % Other %
 Financial aids available: Loans Bank Workstudy no Scholarship no Other N.A.
 Monthly room and board cost: Varies with the individual Admission Fee: \$50 enrollment
 Application for financial aid required: Yes N.A. No N.A. Deadline Date
 Director of financial aid None
 Tuition refund policy and schedule Under certain conditions a refund is possible.

SPECIFIC TRAINING PROGRAMS

Clinton Academy of Beauty

PROGRAM Cosmetology STARTING DATE January, April, June, and September

Basic Subject Taught (names)	Hair Cutting	Permanent waving	hair color	scalp treatment	manicuring	facials	Theory of various methods	Styling
No. different Subject Levels								
Total Hours of Class Training	170	559	225	200	75	150	balance	200
Minimum Requirement to Receive Credit	2100 hours							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2100 hours in school Total Capacity 35

Average Enrollment: Men 3 Women 25 1st Term Students 28 Other Than 1st Term Students _____

No. of Students aged: 19 or under 25 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis Approx. \$33 after enroll. Payment Plan through local bank fee

Other Fees N.A. Books N.A. Materials N.A. Equipment N.A.

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High school science and physiology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Clinton Business College
 Street 228¹/₂ 6th Avenue South
 City Clinton, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 242-4065 Area Code 319 Administrator James N. Taylor
 Sponsor or Owner James N. Taylor
 School Accredited by _____
 Application for admission mailed to: Name James N. Taylor Title Director
 Fee required with enrollment application: Amount \$7.50 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent X To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Sept 6, 1966; Nov 7, Jan. 16, 1967; March 20, June 12
 School visitation: Recommended X Required X Includes: Parents X Students X Counselors X
 Persons responsible for contacting _____ Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When High school graduation not completed or questions learning level
 By whom tested James N. Taylor Position _____
 Personal interview required: Yes X No _____ When Prior to entrance
 By whom tested James N. Taylor Position Counselor
 Graduate placement service: Yes X No _____ Person or agency responsible Taylor Employment Service
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Taylor Employment Service
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 75 % School owned _____ % YMCA/YWCA YWCA 25 % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy X Scholarship _____ Other _____
 Monthly room and board cost: \$45 Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule No refund on semester in which any student attendance occurred. Full refund on a semester basis in which no class attendance occurs.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Clinton Business College

PROGRAM Secretarial

STARTING DATE September 6, 1966

Basic Subject Taught (names)	Shorthand	Typing	English	Business Law	Penmanship	Vocabulary	Filing	Accounting
No. different Subject Levels	3	3	1	1	1	1	1	1
Total Hours of Class Training	180	180	180	90	36	72	72	90
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Math	Office Machines						
No. different Subject Levels	1	1						
Total Hours of Class Training	144	36						
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 25

Average Enrollment: Men 2 Women 18 1st Term Students 20 Other Than 1st Term Students _____

No. of Students aged: 19 or under 18 20-24 _____ 25-29 _____ 30 or over 2

Tuition: Total \$540 Monthly Basis _____ Payment Plan \$135 per semester

Other Fees Registration \$7.50 Books \$60 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing and Shorthand

Pre-enrollment or Placement test: Yes X No _____ Tests Used Kuder Preference, SRA Language and Non-Language, AGCT, Typing & Shorthand for students with previous training, and SRA Short Tests of Clerical Ability

SPECIFIC TRAINING PROGRAMS

Clinton Business College

PROGRAM Accounting

STARTING DATE Sept. 6, 1966

Basic Subject Taught (names)	Accounting	Typing	Business English	Vocabulary	Filing	Math	Office Machines	Business Law
No. different Subject Levels	3	3	1	1	1	2	1	1
Total Hours of Class Training	360	90	180	72	72	144	36	90
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Penmanship						
No. different Subject Levels	1						
Total Hours of Class Training	36						
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Total Capacity 13

Average Enrollment: Men 2 Women 2 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 2 20-24 _____ 25-29 _____ 30 or over 2

Tuition: Total \$540 Monthly Basis _____ Payment Plan \$135 per semester

Other Fees \$7.50 Registration Books \$60 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended High school bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

Clinton Business College

PROGRAM Retail Management **STARTING DATE** September 6, 1966

	Retail Management	Accounting	Typing	Business English	Vocabulary	Filing	Math	Office Machines
Basic Subject Taught (names)								
No. different Subject Levels	1	1	2	1	1	1	2	1
Total Hours of Class Training	180	180	90	180	72	72	140	36
Minimum Requirement to Receive Credit								

	Business Law	Penmanship						
Basic Subject Taught (names)								
No. different Subject Levels	1	1						
Total Hours of Class Training	90	36						
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 2

Average Enrollment: Men 2 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 2 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis _____ Payment Plan _____

Other Fees \$7.50 Books \$60 Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High school bookkeeping and typing

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME College of Automation
Street 3001 Grand Ave.
City Des Moines, Iowa

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Telephone 243-8696 Area Code 515 Administrator G. M. Luscombe, President
Sponsor or Owner G. M. Luscombe
School Accredited by No accrediting agencies in Iowa, Veterans Administration (Approval)
Application for admission mailed to: Name C. W. Bartelt Title Registrar
Fee required with enrollment application: Amount \$20.00 Refundable: Yes _____ No X
Is fee applied toward tuition and other charges: Yes X No _____
Notification of acceptance: To student X To parent _____ To high school _____ None _____
High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
Dates student may begin classes: Quarterly
School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
Persons responsible for contacting Guy Luscombe Address 3001 Grand, Des Moines
Prospective Students: C. W. Bartelt Address 3001 Grand, Des Moines
Address _____
Compensated by: Straight Salary X Commission _____ Salary plus commission _____
Entrance Testing required: Yes _____ No X When _____
By whom tested _____ Position _____
Personal interview required: Yes X No _____ When Prior to admission
By whom tested Guy Luscombe Position Registrar
Graduate placement service: Yes X No _____ Person or agency responsible John LeCroy
Student, part time work, placement service: Yes X No _____
Person or agency responsible John L John Meline
First term progress report sent to: Parents _____ Students X High School _____ Other _____
Students live: At home 10 % School owned 0 % YMCA/YWCA 5 % Private home 82 %
Public facilities 3 % Private rooming house 0 % Other 0 %
Financial aids available: Loans Yes Workstudy Yes Scholarship No Other No
Monthly room and board cost: Do not have Admission Fee: Do not have
Application for financial aid required: Yes X No _____ Deadline Date On entrance
Director of financial aid Richard Sydnies
Tuition refund policy and schedule As stated in catalog. Catalog available on request from College of Automation,
3001 Grand Ave., Des Moines, Iowa

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

College of Automation

PROGRAM Key Punch STARTING DATE When openings are available

Basic Subject Taught (names)	Card Punch	Verifier Operation					
No. different Subject Levels	1	1					
Total Hours of Class Training	80	20					
Minimum Requirement to Receive Credit	80 hrs.	20 hrs.					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 weeks Total Capacity 12

Average Enrollment: Men 0 Women 12 1st Term Students All Other Than 1st Term Students None

No. of Students aged: 19 or under 6 20-24 3 25-29 2 30 or over 1

Tuition: Total 290.00 Monthly Basis Not Available Payment Plan As arranged

Other Fees None Books Furnished Materials Furnished Equipment Furnished

Pre-requisite courses required High School Diploma or equivalent. Typing at 40 words/minute.

Specific Pre-requisite Courses recommended Typing

Pre-enrollment or Placement test: Yes X No Tests Used Card Punch Operator Aptitude Test

SPECIFIC TRAINING PROGRAMS

College of Automation

PROGRAM Data Processing STARTING DATE Quarterly

Basic Subject Taught (names)	IBM Machine Operation	Computer Program	Math	Accounting	Business Communications
No. different Subject Levels	4	4	6	4	4
Total Hours of Class Training	360	360	96	96	48
Minimum Requirement to Receive Credit	360 hrs.	360 hrs.	96 hrs.	96 hrs.	48 hrs.

Basic Subject Taught (names)					
No. different Subject Levels					
Total Hours of Class Training					
Minimum Requirement to Receive Credit					

Length of Training Program 48 weeks (4Quarters) Total Capacity 400

Average Enrollment: Men 130 Women 70 1st Term Students 70 Other Than 1st Term Students 130

No. of Students aged: 19 or under 100 20-24 80 25-29 15 30 or over 5

Tuition: Total 390.00 / Quarter Monthly Basis Not available Payment Plan As arranged

Other Fees None Books 50.00 Materials None Equipment None

Pre-requisite courses required High School Diploma or equivalent.

Specific Pre-requisite Courses recommended Mathematics

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

College of Automation

PROGRAM Electronics Technician STARTING DATE Quarterly

Basic Subject Taught (names)	Electronics	Television	Color Television	Industrial Electronics
No. different Subject Levels	4	2	1	1
Total Hours of Class Training	960	480	240	240
Minimum Requirement to Receive Credit	960 hrs.	480 hrs.	240 hrs.	240 hrs.

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 96 weeks (8 Quarters) Total Capacity 30

Average Enrollment: Men 3 25 Women 0 1st Term Students 8 Other Than 1st Term Students 17

No. of Students aged: 19 or under 5 20-24 15 25-29 3 30 or over 2

Tuition: Total 304.00 First Quarter Monthly Basis Not available Payment Plan As arranged

204.00 Each Subsequent Quarter

Other Fees None Books 20.00 Materials None Equipment Furnished

Pre-requisite courses required High School Diploma or equivalent.

Specific Pre-requisite Courses recommended Mathematics, Physics, Electricity

Pre-enrollment or Placement test: Yes X No Tests Used Otis

SPECIFIC TRAINING PROGRAMS

College of Automation

PROGRAM General Business Secretarial STARTING DATE Quarterly (Beginning June, 1966)

Basic Subject Taught (names)	Shorthand		English		Typing		Transcription	
No. different Subject Levels	4		4		3		2	
Total Hours of Class Training	480		240		180		120	
Minimum Requirement to Receive Credit	480 hrs.		240 hrs.		180 hrs.		120 hrs.	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks (4 Quarters) Total Capacity 100

Average Enrollment: Men Women 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under Course has not yet started 20-24 25-29 30 or over

Tuition: Total 290.00 / Quarter Monthly Basis Not available Payment Plan As arranged

Other Fees None Books 20.00 Materials None Equipment None

Pre-requisite courses required High School Diploma or equivalent. All business courses.

Specific Pre-requisite Courses recommended English

Pre-enrollment or Placement test: Yes No X Tests Used

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SPECIALIZED SCHOOL NAME College of AutomationStreet 3001 Grand AvenueCity Des Moines, Iowa 50312

ZIP CODE

Administrator G. M. Luscombe, President Area Code 515 Telephone 243-8696Sponsor or Owner G. M. Luscombe (Immigration & Naturalization Service; State Vocational Rehabilitation;School Accredited by National Association of Trade and Technical Schools, Wash.D.C.; U.S. Dept. of Health, Education, and Welfare; Veterans AdministrationApplication and information secured from: Name C. A. Bartelt Title RegistrarApplication for admission submitted to: Name C. A. Bartelt Title Registrar

Admission Fee: \$ _____ Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount 20.00 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting A. R. Neuman, M. L. McCormack Address 3001 Grand, Des Moines, Iowa 50312prospective students; Guy Luscombe, C. A. Bartelt, M.R. Bullis Address 304 S. Smith, Clark, South Dakota 57225Compensated by: Straight Salary _____ Commission _____ Salary plus commission XEntrance Testing required: Yes _____ No X When Testing is not required if high school counselor recommends.

By whom tested _____ Position _____

Interview conducted by: Representative Position _____When: Prior to applicationGraduate placement service: Yes X No _____ Person or agency responsible John D. LeCroyStudent, part time work, placement service: Yes X No _____Person or agency responsible C. A. BarteltFirst term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 20 % School owned _____ % YMCA/YWCA 5 % Private home 70 %Public facilities _____ % Private rooming house 5 % Other _____ %Average monthly room and board cost: Varies - average \$75 - \$85 per monthFinancial aids available: Institutional Loans \$ 1,000.00 Workstudy \$ - - Scholarship \$ - - Grants \$ - -Application for financial aid submitted to (person): C. A. Bartelt Deadline date for financial aid On entranceTuition refund policy and schedule Zero to 25% = 25% of tuition plus a \$50 service fee; 26% to 40% = 50% of tuition plus a \$50 service charge; over 40% of course completed = no refund.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No Does not apply

SPECIALIZED SCHOOL NAME College of Automation

ADDRESS 3001 Grand Avenue, Des Moines, Iowa 50312

Specific Training Program Computer Programming Starting Date(s) Quarterly

Basic Subject Taught (names)	Program- ming	Mathe- matics	Accounting	Business Communications			
No. different Subject Levels	3	3	3	3			
Total Hours of Class Training	612	72	72	36			
Minimum Requirement to Receive Credit	C-	C-	C-	C-			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks (3 quarters) Average Enrollment: Men 90 Women 30 Total Capacity 408

No. of Students aged: 19 or under 70 20-24 30 25-29 14 30 or over 6

Tuition: Total \$ 490.00/ Quarter Monthly Basis _____ Payment Plan As arranged

Books \$ 46.00 Materials \$ 5.00 Equipment -0- Other Required Costs -0-

Estimated minimum total cost to complete program \$ 2,261.00

High School Diploma Required: Yes X No _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended General mathematics - Electronics or Physics

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME College of AutomationADDRESS 3001 Grand Avenue, Des Moines, Iowa 50312

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Specific Training Program Personal Development Starting Date(s) Quarterly

Basic Subject Taught (names)	Personal Development						
No. different Subject Levels	1						
Total Hours of Class Training	24						
Minimum Requirement to Receive Credit	None						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 12 weeks Average Enrollment: Men 58 Women 20 Total Capacity 120No. of Students aged: 19 or under 70 20-24 8 25-29 30 or over Tuition: Total \$43.50 Monthly Basis NA Payment Plan NoneBooks \$ 5.00 Materials -0- Equipment -0- Other Required Costs -0-Estimated minimum total cost to complete program \$ 48.50High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended NonePre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME College of AutomationADDRESS 3001 Grand Avenue, Des Moines, Iowa 50312

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Specific Training Program Card Punch Starting Date(s) As openings are available

Basic Subject Taught (names)	Card Punch						
No. different Subject Levels	1						
Total Hours of Class Training	80						
Minimum Requirement to Receive Credit	10,000 Key Strokes						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 weeks Average Enrollment: Men Women 4 Total Capacity 14No. of Students aged: 19 or under 10 20-24 2 25-29 2 30 or over --Tuition: Total \$190.00 Monthly Basis NA Payment Plan NABooks -0- Materials -0- Equipment -0- Other Required Costs -0-Estimated minimum total cost to complete program \$ 270.00 including room and boardHigh School Diploma Required: Yes X No Pre-requisite courses required Typing (40 WPM)Specific Pre-requisite Courses recommended General MathematicsPre-enrollment or Placement test: Yes X No Tests Used Card Punch Operator aptitude test

SPECIALIZED SCHOOL NAME Commercial Data Processing Co.
Street 541 5th
City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 244-4176 Area Code 515 Administrator Ed L. Mendenhall

Sponsor or Owner Corporation

School Accredited by None

Application for admission mailed to: Name June Warren Title Registrar

Fee required with enrollment application: Amount None Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes None No _____

Notification of acceptance: To student X To parent No To high school No None No

High school transcript required: Yes _____ No X High School recommendation: Requested No Required No

Dates student may begin classes: Any time

School visitation: Recommended No Required No Includes: Parents No Students No Counselors No

Persons responsible for contacting June Warren Address 541 5th, Des Moines

Prospective Students: _____ Address _____
_____ Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When At time of application

By whom tested Donna Constant Position Instructor

Personal interview required: Yes X No _____ When At time of application

By whom tested June Warren Position Registrar

Graduate placement service: Yes _____ No X Person or agency responsible _____

Student, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents _____ Students _____ High School _____ Other On request

Students live: At home X % School owned _____ % YMCA/YWCA _____ % Private home _____ %
Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other None

Monthly room and board cost: _____ Admission Fee: _____

Application for financial aid required: Yes _____ No X Deadline Date _____

Director of financial aid No

Tuition refund policy and schedule 50% upon starting 50% mid-way thru course

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Commercial Data Processing Data Co.

PROGRAM Key Punch STARTING DATE Anytime

Basic Subject Taught (names)	Keypunch	Drumcard					
No. different Subject Levels							
Total Hours of Class Training	60						
Minimum Requirement to Receive Credit	40						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4-6 weeks Total Capacity _____

Average Enrollment: Men N/A Women N/A 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$180.00 Monthly Basis _____ Payment Plan 50% & 50%

Other Fees 10.00 Books X Materials X Equipment X

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME C E School of Commerce

Street 1514 Howard Street

City Omaha, Nebraska

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Telephone 341-7962 Area Code 402 Administrator E. F. Agee

Sponsor or Owner _____

School Accredited by Department of Education, State of Nebraska

Application for admission mailed to: Name E. F. Agee, Jr. Title General Manager

Fee required with enrollment application: Amount \$20 Refundable: Yes _____ No X

Is fee applied toward tuition and other charges: Yes _____ No X

Notification of acceptance: To student X To parent _____ To high school _____ None _____

High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____

Dates student may begin classes: See school calendar on attached bulletin 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66, 1/23/67

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X

Persons responsible for contacting H. E. Hansen Address 1514 Howard, Omaha, Nebraska

Prospective Students: Robert Klitzke Address 1514 Howard, Omaha, Nebraska

Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission X

Entrance Testing required: Yes X No _____ When At start of term

By whom tested B. M. Fredrickson Position Dean

Personal interview required: Yes X No _____ When At start of term

By whom tested See above Position See above

Graduate placement service: Yes X No _____ Person or agency responsible C. E. School of Commerce

Student, part time work, placement service: Yes X No _____

Person or agency responsible C E School of Commerce

First term progress report sent to: Parents X Students _____ High School _____ Other _____

Students live: At home 20 % School owned _____ % YMCA/YWCA 5 % Private home 30 %

Public facilities _____ % Private rooming house _____ % Other 45 %

Financial aids available: Loans X Workstudy X Scholarship _____ Other _____

Monthly room and board cost: \$58 Admission Fee: None

Application for financial aid required: Yes X No _____ Deadline Date Two weeks prior to entry

Director of financial aid E. F. Agee, Jr.

Tuition refund policy and schedule See page 3 of the catalog. If a student who has paid the cash discount tuition withdraws from school, the following refund schedule applies: If period is: Less than two weeks, 75%; Less than eight weeks, 50%; Less than twelve weeks, 25%; After twelve weeks, no refunds will be made. Any student is regarded as still enrolled until withdrawing formally through the school office.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____ We are exempt.

SPECIFIC TRAINING PROGRAMS

C E School of Commerce.

PROGRAM Secretarial

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66,
1/23/67, 3/6/67

Basic Subject Taught (names)	Shorthand	Typing	Accounting	Bus Math	Bus Eng	Bus Com	Filing & Indexing	Spelling & Vocab. Bldg
No. different Subject Levels	6	4	2	1	1	1	1	1
Total Hours of Class Training	337½	300	90	45	45	25	12	22½
Minimum Requirement to Receive Credit	120 WPM	60 WPM	Passing Gr.	Passing Grade	B- Grade	Passing Grade	Passing Grade	B- Grade

Basic Subject Taught (names)	Charm	Bus Mach I	Office Procedures					
No. different Subject Levels	1	1	1					
Total Hours of Class Training	22½	45	25					
Minimum Requirement to Receive Credit	Passing Grade	Passing Grade	Passing Grade					

Length of Training Program 36 Weeks Total Capacity Whatever share of 600 students is available.

Average Enrollment: Men _____ Women 113 1st Term Students 113 Other Than 1st Term Students _____

No. of Students aged: 19 or under 101 20-24 12 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration fee Books Furnished Materials \$1 per month Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing, Bookkeeping, Shorthand

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, English, spelling and vocabulary building, and in any other subject in which the student has previously had training

SPECIFIC TRAINING PROGRAMS

C E School of Commerce
PROGRAM Stenographic

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66,
1/23/67, 3/6/67

Basic Subject Taught (names)	Shorthand	Typing	Bus Eng	Bus Com	Spelling & Vocab bldg	Filing & Indexing	Bus Mach	Penmanship
No. different Subject Levels	6	4	1	1	1	1	1	1
Total Hours of Class Training	337½	300	45	25	22½	12	45	22½
Minimum Requirement to Receive Credit	120 WPM	60 WPM	B- Grade	Passing Grade	B- Grade	Passing Grade	Passing Grade	Passing Grade

TWO OF THESE SUBJECTS BELOW

Basic Subject Taught (names)	Office Procedures	Charm			Bus Psy	Bus Org & Management	Bus Law I	
No. different Subject Levels	1	1			1	1	1	
Total Hours of Class Training	25	22½			45	45	45	
Minimum Requirement to Receive Credit	Passing Grade	Passing Grade			Passing Grade	Passing Grade	Passing Grade	

Length of Training Program 36 weeks Total Capacity Whatever share of 600 students
is available.

Average Enrollment: Men _____ Women 17 1st Term Students 17 Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books Furnished Materials \$1 per month Equipment None

Pre-requisite courses required No None

Specific Pre-requisite Courses recommended Shorthand, Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, English spelling and vocabulary building, and in any other subject in which the student has previously had training.

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Medical Secretarial

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66
1/23/67, 3/6/67

Basic Subject Taught (names)	Shrt. hand	Typing	Bus. Eng.	Bus. Comm.	Filing & Indexing	Charm	Spelling & Voc. Bldg.	Psychology
No. different Subject Levels	6	4	1	1	1	1	1	1
Total Hours of Class Training	337½	300	45	25	12	22½	22½	45
Minimum Requirement to Receive Credit	120 WPM	60 WPM	B- grade	Passing	Passing	Passing	B- grade	Passing

Basic Subject Taught (names)	Med. Dictation	Med. Vocabulary	Med. Bookkeeping	Med. Off. Procedure				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	45	45	22½	22½				
Minimum Requirement to Receive Credit	120 WPM	Passing	Passing	Passing				

Length of Training Program 36 weeks Total Capacity Whatever share of 600 students is available

Average Enrollment: Men _____ Women 47 1st Term Students 47 Other Than 1st Term Students _____

No. of Students aged: 19 or under 43 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books Furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Shorthand, Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling, vocabulary building, and in any other subject in which the student has previously had training. CP 41490 8/66

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Executive Secretarial STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66,
1/23/67, 3/6/67

Basic Subject Taught (names)	Shorthand	Typing	Economics	Accounting	Bus. Math	English	Charm	Bus. Law
No. different Subject Levels	6	4	1	2	1	1	1	1
Total Hours of Class Training	337½	300	45	90	45	45	22½	45
Minimum Requirement to Receive Credit	120 WPM	60 WPM	Passing	Passing	Passing	B- Grade	Passing	Passing

Basic Subject Taught (names)	Bus. Comm.	Filing & Indexing	Spell & Vocab. Bldg	Personnel Management	Bus. Mach. I	Office Procedures	Business Psychology	Bus. Organ. and Mgnt.
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	25	12	22½	45	45	25	45	45
Minimum Requirement to Receive Credit	Passing	Passing	B- Grade	Passing	Passing	Passing	Passing	Passing

Length of Training Program 48 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men _____ Women 56 1st Term Students 56 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$720 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, Bookkeeping, Shorthand

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling, and vocabulary building, and in any other subject in which the student has previously had training.

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Junior Accounting STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66
1/23/67, 3/6/67

Basic Subject Taught (names)	Accounting	Bus. Math	Penmanship	Bus. Law	Typing	English	Bus. Comm.	Filing & Indexing
No. different Subject Levels	4	1	1	1	3	1	1	1
Total Hours of Class Training	270	45	22½	45	270	45	25	12
Minimum Requirement to Receive Credit	B- grade	Passing	Passing	Passing	50 WPM	Passing	Passing	Passing

ONE OF THE FOLLOWING:

Basic Subject Taught (names)	Bus. Mach.	Off. Proc.	Charm			Salesmanship	Bus. Psy.	
No. different Subject Levels	2	1	1			1	1	
Total Hours of Class Training	135	25	22½			22½	45	
Minimum Requirement to Receive Credit	Passing	Passing	Passing			Passing	Passing	

Length of Training Program 36 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men _____ Women 43 1st Term Students 43 Other Than 1st Term Students _____

No. of Students aged: 19 or under 39 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Bookkeeping, Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, English, spelling, and vocabulary building, and in any other subject in which the student has previously had training,

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Automation Accounting

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66
1/23/67, 3/6/67

Basic Subject Taught (names)	Accounting	IBM Machines	Bus. Law	Fenmanship	Bus. Math.	Bus. Psy.	Typing	English I
No. different Subject Levels	3	1	1	1	1	1	3	1
Total Hours of Class Training	180	67½	45	22½	45	45	270	45
Minimum Requirement to Receive Credit	B- grade	7500 stroke	Passing	Passing	Passing	Passing	50 WPM	Passing

Basic Subject Taught (names)	Bus. Comm.	Filing & Indexing	Bus. Mach.	Off. Proc.	Charm			
No. different Subject Levels	1	1	2	1	1			
Total Hours of Class Training	25	12	135	25	22½			
Minimum Requirement to Receive Credit	Passing	Passing	Passing	Passing	Passing			

Length of Training Program 36 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men _____ Women 43 1st Term Students 43 Other Than 1st Term Students _____

No. of Students aged: 19 or under 41 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$700 Monthly Basis \$85 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling and vocabulary building, and in any other subject in which the student has previously had training.

CP 41490 8/66

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Legal Secretary

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66,
1/23/67, 3/6/67

Basic Subject Taught (names)	Shorthand	Typing	Bus. Math	English	Bus. Comm.	Filing & Indexing	Charm	Spell. & Vocab. Bldg
No. different Subject Levels	6	4	1	1	1	1	1	1
Total Hours of Class Training	337½	300	45	45	25	12	22½	22½
Minimum Requirement to Receive Credit	120 WPM	60 WPM	Passing	B- grade	Passing	Passing	Passing	B- grade

Basic Subject Taught (names)	Off. Proc.	Bus. Law	Bus. Organ. & Mgmt.	Psychology	Legal Vocabulary	Credits & Collections		
No. different Subject Levels	1	2	1	1	1	1		
Total Hours of Class Training	25	90	45	45	45	45		
Minimum Requirement to Receive Credit	Passing	Passing	Passing	Passing	Passing	Passing		

Length of Training Program 42 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men _____ Women 21 1st Term Students 21 Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 1 25-29 _____ 30 or over _____

Tuition: Total \$640 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, Shorthand, Business Law

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling and vocabulary building, and in any other subject in which the student has previously had training.

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Dictaphone-Stenographic

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66,
1/23/67, 3/6/67

Basic Subject Taught (names)	Dictaphone	Typing	Bus. Comm.	Penmanship	Spell & Vocab. Bldg.	Filing & Indexing	Charm	Bus. Mach.
No. different Subject Levels	1	4	1	1	1	1	1	1
Total Hours of Class Training	135	300	25	22½	22½	12	22½	45
Minimum Requirement to Receive Credit	Mailable Letters	60 WPM	Passing	Passing	B- grade	Passing	Passing	Passing

ONE OF THE FOLLOWING:

Basic Subject Taught (names)	Off. Proc.	English	Bus. Psy.	Bus. Math	Bus. Law		Bus. Organ. & Mgmt.	Accounting
No. different Subject Levels	1	1	1	1	1		1	2
Total Hours of Class Training	25	45	45	45	45		45	90
Minimum Requirement to Receive Credit	Passing	B- grade	Passing	Passing	Passing		Passing	Passing

Length of Training Program 36 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men _____ Women 19 1st Term Students 19 Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 regristration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling and vocabulary building, and in any other subject in which the student has previously had training

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Administrative Assistant STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66
1/23/67, 3/6/67

Basic Subject Taught (names)	Shorthand	Typing	Accounting	Bus. Math	English	Bus. Comm.	Spell. & Vocab. Bldg.	Filing & Indexing
No. different Subject Levels	6	4	3	1	1	1	1	1
Total Hours of Class Training	337½	300	180	45	45	25	22½	12
Minimum Requirement to Receive Credit	120 WPM	60 WPM	Passing	Passing	B- grade	Passing	B- grade	Passing

Basic Subject Taught (names)	Personality Development	Bus. Mach.	Off. Proc.	Penmanship	Bus. Law	Bus. Psy.	Economics	Bus. Organ. & Mgnt.	Sa. mai
No. different Subject Levels	1	1	1	1	2	1	1	1	:
Total Hours of Class Training	22½	45	12	22½	90	45	45	45	:
Minimum Requirement to Receive Credit	Passing	Passing	Passing	Passing	Passing	Passing	Passing	Passing	Pas:

Length of Training Program 60 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men 17 Women _____ 1st Term Students 11 Other Than 1st Term Students 6

No. of Students aged: 19 or under 16 20-24 1 25-29 _____ 30 or over _____

Tuition: Total \$900 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Shorthand, typing, bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, English, spelling and vocabulary building, and in any other subject in which the student has previously had training TP 41490 8/66
 206

SPECIFIC TRAINING PROGRAMS

C E School of Commerce

PROGRAM Higher Accounting

STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/28/66
1/23/67, 3/6/66

Basic Subject Taught (names)	Accounting	Bus. Math	Bus Law	Bus Organ. & Mgmt.	Spell. & Vocab. Bldg.	Economics	Bus. Comm.	Bus. Psy.
No. different Subject Levels	8	1	2	1	1	1	1	1
Total Hours of Class Training	630	45	90	45	22½	45	25	45
Minimum Requirement to Receive Credit	B- grade	Passing	Passing	Passing	Passing	Passing	Passing	Passing

Basic Subject Taught (names)	Bus. Mach.	Salesmanship	Typing	Personality Development	English	Penmanship	Off. Proc.	Filing & Indexing
No. different Subject Levels	2	1	3	1	1	1	1	1
Total Hours of Class Training	135	22½	270	22½	45	22½	25	12
Minimum Requirement to Receive Credit	Passing	Passing	50 WPM	Passing	Passing	Passing	Passing	Passing

Length of Training Program 72 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men 170 Women 1st Term Students 101 Other Than 1st Term Students 69

No. of Students aged: 19 or under 158 20-24 12 25-29 30 or over

Tuition: Total \$1080 Monthly Basis \$67.50 Payment Plan

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, Bookkeeping

Pre-enrollment or Placement test: Yes X No Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling, and vocabulary building, and any other subject in which the student has previously had training.

CP 41490 8/66

SPECIFIC TRAINING PROGRAMS

C E School of Commerce
Business Administration

PROGRAM Sales and Distribution STARTING DATE 6/6/66, 7/18/66, 9/6/66, 10/17/66, 11/23/66
1/23/67, 3/6/67

Basic Subject Taught (names)	Accounting	Marketing	Bus. Organ. & Mgmt.	Bus. Math.	English	Economics	Typing	Investments
No. different Subject Levels	4	3	1	1	1	1	3	1
Total Hours of Class Training	270	225	45	45	45	45	270	45
Minimum Requirement to Receive Credit	Passing	Passing	Passing	Passing	Passing	Passing	50 WPM	Passing

Basic Subject Taught (names)	Bus. Comm.	Money & Banking	Bus. Law	Advertising	Salesmanship	Bus. Psy.	Spell & Vocab. Bldg.	Credits & Collections
No. different Subject Levels	1	1	2	3	6	1	1	1
Total Hours of Class Training	25	45	90	135	247½	45	22½	45
Minimum Requirement to Receive Credit	Passing	Passing	Passing	Passing	Passing	Passing	Passing	Passing

Due to limited space, only the course will listed

Transportation, Business Finance, Personnel Management, Foreign Commerce, Office Procedures, Filing & Indexing, Personality Development

Length of Training Program 72 weeks Total Capacity whatever share of 600 students is available

Average Enrollment: Men 51 Women _____ 1st Term Students 35 Other Than 1st Term Students 16

No. of Students aged: 19 or under 48 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$1080 Monthly Basis \$67.50 Payment Plan _____

Other Fees \$20 registration Books furnished Materials \$1 per month Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used D.A.T. Subject tests in shorthand, typing, accounting, Eng., spelling and vocabulary building, And in any other subject in which the student has previously had training.

SPECIALIZED SCHOOL NAME Des Moines Flying Service Inc.
 Street Municipal Airport
 City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 285-4221 Area Code 515 Administrator Floyd Carley
 Sponsor or Owner Howard V. Gregory
 School Accredited by Federal Aviation Agency
 Application for admission mailed to: Name Floyd G. Carley Title Flight Operations Manager
 Fee required with enrollment application: Amount None Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student To parent To high school None X
 High school transcript required: Yes No High School recommendation: Requested Required
 Dates student may begin classes: At student's option
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Address
 Prospective Students: Address
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes No X When At applicant's convenience
 By whom tested Floyd G. Carley Position Flight Operating Manager
 Graduate placement service: Yes No X Person or agency responsible None
 Student, part time work, placement service: Yes No X
 Person or agency responsible None
 First term progress report sent to: Parents Students High School Other None
 Students live: At home X % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans None Workstudy None Scholarship None other None
 Monthly room and board cost: None Admission Fee: None
 Application for financial aid required: Yes No Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Advance payments refundable at student's option.

SPECIFIC TRAINING PROGRAMS

Des Moines Flying Service, Inc.

PROGRAM Pilot Training STARTING DATE open

	private pilot	commercial pilot	Instrument pilot	flight pilot	Mult-Eng. pilot			
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	39	24	39	0	0			
Minimum Requirement to Receive Credit	35	160	30	25	0			

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program optional Total Capacity 100

Average Enrollment: Men 75 Women 10 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 25% 20-24 25% 25-29 25% 30 or over 25%

Tuition: Total _____ Monthly Basis optional Payment Plan optional

Dual inst. rate 17.00 per hour--Solo rate 14.00 per hour

Other Fees None Books optional Materials minor nature Equipment minor nature

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used None

SPECIALIZED SCHOOL NAME Des Moines School of Practical Nursing
 Street 1440 Center Street
 City Des Moines, Iowa 50314

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 288-2320 Area Code 515 Administrator James A. Sheldon, Director
 Sponsor or Owner Des Moines Board of Education through the Department of Adult Education
 School Accredited by Iowa Board of Nursing
 Application for admission mailed to: Name Mrs. Elizabeth Harling Title Coordinator
 Fee required with enrollment application: Amount None Refundable: Yes No No fee
 Is fee applied toward tuition and other charges: Yes No No fee
 Notification of acceptance: To student X To parent None To high school None
 High school transcript required: Yes X No None High School recommendation: Requested None Required X
 Dates student may begin classes: September 12, 1966 and each September
 School visitation: Recommended X Required None Includes: Parents X Students X Counselors None
 Persons responsible for contacting Mrs. Elizabeth Harling Address 1440 Center Street, Des Moines, Iowa
 Prospective Students: None Address None
None Address None
 Compensated by: Straight Salary None Commission None Salary plus commission None
 Entrance Testing required: Yes X No None When February 19, April 2 and June 14, 1966
 By whom tested Dr. Leland Johnson, Instructor Position Drake University
 Personal interview required: Yes X No None When After Pre-admission scores received
 By whom tested 3 instructors Position None
 Graduate placement service: Yes None No X Person or agency responsible None
 Student, part time work, placement service: Yes None No X
 Person or agency responsible (Students not permitted to work more than 20 hours per week)
 First term progress report sent to: Parents None Students X High School None Other None
 Students live: At home 90 % School owned None % YMCA/YWCA None % Private home None %
 Public facilities None % Private rooming house None % Other Esther Hall %
 Financial aids available: Loans X Workstudy None Scholarship None other MDTA Funds
 Monthly room and board cost: Information not available Admission Fee: Tuition \$200
 Application for financial aid required: Yes X No None Deadline Date None
 Director of financial aid Employment Security Commission
 Tuition refund policy and schedule no refund

SPECIFIC TRAINING PROGRAMS

Des Moines School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE September 12, 1966

Basic Subject Taught (names)	Body Structure	Nutrition	Personal Relations	Health & Life Span	Nursing Care	Emergency Nursing	Nursing in Health	Care of Children
No. different Subject Levels	56 hours	42 hours	25 hrs	42 hrs	152 hrs	20 hrs	194 hrs	56 hrs
Total Hours of Class Training	700 hours	Clinical Practice	plus 700 hours Theory					
Minimum Requirement to Receive Credit	'C' Average required. No failing grades, including Clinical Practice.							

Basic Subject Taught (names)	Care of Mothers & Infants	Mental Hygiene	Voc Adjustment				
No. different Subject Levels							
Total Hours of Class Training	56 hours	20 hours	20 hours				
Minimum Requirement to Receive Credit							

Length of Training Program Twelve months Total Capacity 60 students

Average Enrollment: Men 2 Women 50 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 15 20-24 10 25-29 5 30 or over 22

Tuition: Total \$200 Monthly Basis _____ Payment Plan \$100 at enrollment

\$100 at mid-year

Other Fees Physical Exam \$12 Books \$35 Materials Uniforms \$35 Equipment Graduation Expense \$60

Pre-requisite courses required High School graduation but no special courses

Specific Pre-requisite Courses recommended High School Arithmetic and English

Pre-enrollment or Placement test: Yes X No _____ Tests Used Pre-admission and Classification Examination by National League for Nursing

SPECIALIZED SCHOOL NAME Dubuque Beauty Academy
 Street 20 B Fischer Building
 City Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-4551 Area Code 319 Administrator Mary C. Howard
 Sponsor or Owner Mary C. Howard
 School Accredited by State Department of Health, State of Iowa
 Application for admission mailed to: Name Margaret C. Paine Title Manager
 Fee required with enrollment application: Amount \$100 Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes No X High School recommendation: Requested X Required
 Dates student may begin classes: January, June, and September
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Mary C. Howard Address Dubuque Beauty Academy
 Prospective Students: Margaret C. Paine Address " " "
Carolyn Sandman Address " " "
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes No X When
 By whom tested Position
 Graduate placement service: Yes X No Person or agency responsible Dubuque Beauty Academy
 Student, part time work, placement service: Yes X No
 Person or agency responsible
 First term progress report sent to: Parents Students X High School Other
 Students live: At home 75 % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house 5 % Other 20 %
 Financial aids available: Loans Workstudy Scholarship X Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes No Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Full tuition is refunded if student is not suitable to the profession, this is judged by training behavior during the first month.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Dubuque Beauty Academy

PROGRAM Cosmetology STARTING DATE January, June, and September

Basic Subject Taught (names)	Science of Cosmetology	Practice of Cosmetology	Permanent Waving	Skin, hair, nail, treatment				
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 10½ months (2100 hours) Total Capacity 125

Average Enrollment: Men 2 Women 65 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 5% 25-29 _____ 30 or over 5%

Tuition: Total \$400 Monthly Basis \$35 Payment Plan _____

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

Electronic Computer
SPECIALIZED SCHOOL NAME Programming Institute
Street 4403 First Avenue SE
City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 366-2461 Area Code 319 Administrator M. D. Erickson
Sponsor or Owner M. D. Erickson
School Accredited by (chain of 73 schools nationally-all approved where approvals are required)
Application for admission mailed to: Name M. D. Erickson Title Director
Fee required with enrollment application: Amount \$100 Refundable: Yes X No
Is fee applied toward tuition and other charges: Yes X No (Accounting contract terms)
Notification of acceptance: To student X To parent To high school None
High school transcript required: Yes No X High School ~~Recommendation~~ diploma Requested Required
Dates student may begin classes: varies
School visitation: Recommended X Required Includes: Parents X Students X Counselors X
Persons responsible for contacting R. E. Anderson Address Cedar Rapids, Iowa
Prospective Students: Gayle Domino Address Cedar Rapids, Iowa
Donald Cain Address Cedar Rapids, Iowa
Compensated by: Straight Salary Commission X Salary plus commission
Entrance Testing required: Yes X No When
By whom tested Counselors and Registrar (company devised) Position (National company - New York home office)
Personal interview required: Yes X No When
By whom tested Counselors Position
Graduate placement service: Yes X No Person or agency responsible E.C.P.I.
Student, part time work, placement service: Yes No X
Person or agency responsible (if desired
First term progress report sent to: Parents X Students X High School Other employers)
Students live: At home % School owned % YMCA/YWCA % Private home %
Public facilities % Private rooming house % Other %
Financial aids available: Loans yes Workstudy Scholarship Other
Monthly room and board cost: none Admission Fee: \$895
Application for financial aid required: Yes X No Deadline Date none
Director of financial aid M. D. Erickson
Tuition refund policy and schedule Tuition payments are due to the point where attendance is interrupted on a pro-rata basis. A drop-out student is allowed to finish his training any time within a year

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No

SPECIFIC TRAINING PROGRAMS

Electronic Computer Programming Institute

PROGRAM IBM Data Processing and Computer Programming STARTING DATE Varies

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program 210 classroom hours Total Capacity _____

Average Enrollment: Men 24 Women 8 1st Term Students 32 Other Than 1st Term Students _____

No. of Students aged: 19 or under 4 20-24 13 25-29 12 30 or over 3

Tuition: Total \$895 Monthly Basis up to 18 months Payment Plan varies

Other Fees _____ Books \$35 Materials _____ Equipment _____

Pre-requisite courses required High school diploma and B- grade in Aptitude Test

Specific Pre-requisite Courses recommended none

~~Pre-enrollment~~ or Placement test: Yes X No _____ Tests Used 1 hour test devised by home office

Electronic Computer
 SPECIALIZED SCHOOL NAME Programming Institute
 Street 508 Tenth Street
 City Des Moines, Iowa

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Telephone 244-3283 Area Code 515 Administrator Martin E. Gunther, Dir.
 Sponsor or Owner Electronic Computer Programming Institute of Central Iowa, Inc.
 School Accredited by Not required
 Application for admission mailed to: Name Frank Wyer Title Registrar
 Fee required with enrollment application: Amount \$100 Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent if under 21 To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: monthly
 School visitation: Recommended no Required no Includes: Parents Students Counselors
 Persons responsible for contacting Frank Wyer Address 508 Tenth St. Des Moines
 Prospective Students: Address
 Address
 Compensated by: Straight Salary Commission X Salary plus commission
 Entrance Testing required: Yes X No When with application - before acceptance
 By whom tested Position Registrar
 Personal interview required: Yes X No When before acceptance
 By whom tested Position Registrar
 Graduate placement service: Yes X No Person or agency responsible Placement Director
 Student, part time work, placement service: Yes X No
 Person or agency responsible THROUGH LOCAL EMPLOYMENT SERVICE
 First term progress report sent to: Parents Students X High School Other
 Students live: At home not available School owned % YMCA/YWCA % Private home %
 Public facilities at this time % Private rooming house % Other %
 Financial aids available: Loans Workstudy Scholarship limited Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid
 Tuition refund policy and schedule Refunds pro-rated on hours computed

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Electronic Computer Programming Institute

PROGRAM Computer Programming STARTING DATE Monthly

Basic Subject Taught (names)	IBM Punched Card Data Processing		IBM Electronic Data Processing 1401 Computer Programming			
No. different Subject Levels	1		1			
Total Hours of Class Training	75		135			
Minimum Requirement to Receive Credit	A or B		A or B			

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program Day 3½ mos. Eve or Sat. 7 mos. 35 wks Total Capacity 125 - 150

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students New Operation

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over " "

Tuition: Total \$895 Monthly Basis _____ Payment Plan \$200 before first class

\$100/mo Eve. students - \$200 Day students

Other Fees _____ Books \$35 Materials Incl. Equipment Incl.

Pre-requisite courses required High school graduate

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used APTITUDE TEST

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SPECIALIZED SCHOOL NAME Ellis School of Hairstyling and Cosmetology

Street 505½ Nebraska

City Sioux City, Iowa

NOTE - We are moving very shortly to a new location, will send new address later

Telephone 258-3835 Area Code 712 Administrator Marie J. Ellis

Sponsor or Owner Marie J. Ellis

School Accredited by National Accrediting Commission for Cosmetology Schools (applicated forms)

Application for admission mailed to: Name Marie J. Ellis Title Owner

Fee required with enrollment application: Amount _____ Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes X No _____

Notification of acceptance: To student X To parent _____ To high school _____ None _____

High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____

Dates student may begin classes: 4 CLASSES PER YEAR, OR ANY MONDAY

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X

Persons responsible for contacting _____ Address _____

Prospective Students: Miss Ellis Address 3923 Forestview, Sioux City, Iowa

Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When _____

By whom tested Miss Ellis or Miss Jorgensen Position Owner and Manager

Graduate placement service: Yes X No _____ Person or agency responsible school

Student, part time work, placement service: Yes X No _____

Person or agency responsible Miss Ellis or Miss Jorgensen monthly report

First term progress report sent to: Parents _____ Students _____ High School _____ other cards to Dean

Students live: At home 50 % School owned _____ % YMCA/YWCA _____ % Private home 10 % of

Public facilities _____ % Private rooming house 10 % other 30 in apt. % Cosm.

Financial aids available: Loans X Workstudy _____ Scholarship _____ other MDTA and DEUT Bill

Monthly room and board cost: Not applicable Admission Fee: _____

Application for financial aid required: Yes _____ No X Deadline Date _____

Director of financial aid Miss Ellis

Tuition refund policy and schedule Pro-rated to cover hours of instruction given or completed at time of dropout.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Ellis School of Hairdressing and Cosmetology

PROGRAM Complete Cosmetology Training STARTING DATE _____

Basic Subject Taught (names)	Facial Massage	Anatomy & Scalp	Manicure	Hair Tinting	Permanent Waving	Haircut & Shaping	Sanitation	Management & Salesmanship
No. different Subject Levels	2	2	2	1	3	2	2	1
Total Hours of Class Training	150	125	75	150	799	170	85	110
Minimum Requirement to Receive Credit			P A S S I N G G R A D E S					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2100 hours Total Capacity 100

Average Enrollment: Men few Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under varies 20-24 varies 25-29 varies 30 or over varies

Tuition: Total \$375 cash Monthly Basis \$100 down - \$30 per month Payment Plan \$400 total-terms arranged for each individual

Other Fees none Books furnished Materials furnished Equipment furnished

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Evangelical Hospital School of NursingStreet 3 South 4th AvenueCity Marshalltown, Iowa 50158

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 752-4511 Area Code 515 Administrator Rev. H. C. BuchmuellerSponsor or Owner Evangelical HospitalSchool Accredited by National League for Nursing and Iowa Board of NursingApplication for admission mailed to: Name Isabelle A. Youngblood or to Registrar _____ Title Associate Director, School of NursingFee required with enrollment application: Amount none Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: SeptemberSchool visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting Isabelle A. Youngblood Address Evangelical HospitalProspective Students: Genevieve Coates Address Evangelical Hospital

Considered part of their regular job. Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When _____By whom tested Testing Centers Position _____Personal interview required: Yes X No _____ When _____By whom tested Isabelle Youngblood or faculty members designated by her Position Associate DirectorGraduate placement service: Yes _____ No X Person or agency responsible _____Student, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 24 % School owned 74 % YMCA/YWCA _____ % Private home 2 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship X Other _____Monthly room and board cost: Room \$100 per semester. Students purchase own meals Admission Fee: \$10Application for financial aid required: Yes X No _____ Deadline Date _____Director of financial aid Isabelle A. YoungbloodTuition refund policy and schedule Before end of 2 wk-80%; 3 wk-70%; 4 wk-60%; 5 wk-50%; 6 wk-40%; 7 wk-30%8 wk-20%; 9 wk-10%

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Evangelical Hospital School of Nursing
PROGRAM Nursing **STARTING DATE** about Sept. 1

Basic Subject Taught (names)	Anatomy & Physiology	Micro-biology	Chemistry	English & Speech	Psychology & Sociology	Marriage & Family	Nutrition	Various Nursing Courses
No. different Subject Levels	Class/Lab	Class/Lab	Class/Lab	2	2	1	Class/Lab	7 Class/Lab
Total Hours of Class Training	108/72	54/36	108/72	90	108	54	18/36	875/2110
Minimum Requirement to Receive Credit				P A S S	I N G	G R A D E S		

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 academic years - 27 months Total Capacity 72

Average Enrollment: Men 1 Women 49 1st Term Students 27 Other Than 1st Term Students 23

No. of Students aged: 19 or under 31 20-24 19 25-29 30 or over

Tuition: Total Sch. of Nsg. \$760 Monthly Basis Payment Plan by semesters

Community College \$288

Sch. of Nsg. \$325

Other Fees Com. College \$75 Books Approx. \$130 Materials Equipment Uniforms \$60

Pre-requisite courses required High School

Specific Pre-requisite Courses recommended Eng. 4 U.; Math 2-3 U.; Soc. St. 2-4 U.; Nat. S. 4 U.

Pre-enrollment or Placement test: Yes X No Tests Used American College & National League for Nursing.

SPECIALIZED SCHOOL NAME The Finley Hospital School of Medical Technology
 Street 1480 Allison Place
 City Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-1881 Area Code 319 Administrator Mr. A. H. Richardson
 Sponsor or Owner Finley Hospital Board of Trustees
 School Accredited by American Medical Association - American Hospital Association - American Society of Clinical Pathologists
 Application for admission mailed to: Name R. G. Vernon, M.D. and C. M. Strand, M.D. Title Directors
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
~~College~~
~~High School~~ transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: Varies throughout year
 School visitation: Recommended X Required Includes: Parents Students X Counselors
 Persons responsible for contacting Address
 Prospective Students: R. G. Vernon, M.D. Address Finley Hospital
C. M. Strand, M.D. Address Finley Hospital
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When When applying for entrance
 By whom tested R. G. Vernon M.D./C.M.Strand, M.D. Position Co-Directors
 Graduate placement service: Yes No X Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents Students High School Other College
 Students live: At home X % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans Workstudy Scholarship Other
 Monthly room and board cost: None Admission Fee: None
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid None
 Tuition refund policy and schedule None

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Finley Hospital School of Medical Technology

PROGRAM Medical Technology STARTING DATE _____

Basic Subject Taught (names)	Hematology	Urinalysis	MBR-EKG	Parasitology	Chemistry	Bacteriology	Serology	Blood Banking
No. different Subject Levels	one							
Total Hours of Class Training	104 hours							
Minimum Requirement to Receive Credit	50 weeks attendance at lab and lectures; successful completion of school exams; successful completion of ASCP Registry examination.							

Basic Subject Taught (names)	Histology							
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 12 months Total Capacity 2

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students does not apply

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over does not apply

Tuition: Total None Monthly Basis _____ Payment Plan _____

Other Fees _____ Books about \$30.00 Materials _____ Equipment _____

Pre-requisite courses required College Pre Medical Technology

Specific Pre-requisite Courses recommended 12 semester hours Chemistry and 12 semester hours Biology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Franco School of Hairstyling
 Street 1918 Farnam
 City Omaha, Nebraska

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 344-4141 Area Code 402 Administrator S. J. Franco
 Sponsor or Owner S. J. Franco and A. J. Franco
 School Accredited by Nebraska State Board of Cosmetology
 Application for admission mailed to: Name Franco School of Hairstyling Title S. J. Franco, Pres.
 Fee required with enrollment application: Amount \$95.00 Refundable: Yes x No
 Is fee applied toward tuition and other charges: Yes X No
 Notification of acceptance: To student X To parent X To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: first Monday of each month
 School visitation: Recommended Required X Includes: Parents X Students X Counselors
 Persons responsible for contacting Mr. Fred Brown Address
 Prospective Students: Mrs. Darlene Hostetler Address
Mr. S. J. Franco Address
 Compensated by: Straight Salary X Commission X Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested S. J. Franco Position
 Graduate placement service: Yes X No Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents X Students High School Other
 Students live: At home 80 % School owned none % YMCA/YWCA 10 % Private home 10 %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans none Workstudy none Scholarship none Other no
 Monthly room and board cost: \$56.00 Admission Fee: none
 Application for financial aid required: Yes No X Deadline Date none
 Director of financial aid
 Tuition refund policy and schedule student pays for equipment and 75c per hour for training received

SPECIFIC TRAINING PROGRAMS

Franco School of Hairstyling

PROGRAM Cosmotology

STARTING DATE _____

Basic Subject Taught (names)	Hair Cutting	Hair Styling	Permanent	Hair Color	Manicure	Facials	Shop	Theory
No. different Subject Levels						Scalp treatment Shampooing	management of	everything
Total Hours of Class Training	132	414	214	151	44	117	120	400
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	unassigned							
No. different Subject Levels								
Total Hours of Class Training	208							
Minimum Requirement to Receive Credit								

Length of Training Program 9 months or 1800 hours Total Capacity 300

Average Enrollment: Men 10% Women 90% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 50% 20-24 30% 25-29 16% 30 or over 4%

Tuition: Total \$300.00 Monthly Basis _____ Payment Plan \$95 down--\$50 per month

Other Fees \$45 Books _____ Materials _____ Equipment \$150.00 (includes books)

Pre-requisite courses required 10 years of school

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Gates College
 Street 209 West Park Avenue
 City Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 234-4609 Area Code 319 Administrator Stuart Sears
 Sponsor or Owner Gates Waterloo Business College, Inc.
 School Accredited by Accrediting Commission for Business Schools
 Application for admission mailed to: Name Gates College Title _____
 Fee required with enrollment application: Amount \$10 Refundable: Yes X No _____
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school X None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required No
 Dates student may begin classes: September, November, January, April, and June (every 10 weeks)
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Stuart Sears Address Gates College
 Prospective Students: Phil A. Muehl Address Gates College
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible Phil A. Muehl
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Informal basis
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 50% School owned 0% YMCA/YWCA 10% Private home _____ %
 Public facilities _____ % Private rooming house 40% Other _____ %
 Financial aids available: Loans X (USAF) Workstudy limited Scholarship (1-year) Other _____
 Monthly room and board cost: \$21/week (YMCA or YWCA) Admission Fee: None
 Application for financial aid required: Yes X No _____ Deadline Date None
 Director of financial aid Stuart Sears
 Tuition refund policy and schedule No refunds on the first four weeks but pro-rated thereafter.

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Executive Secretarial Course STARTING DATE Every 10 weeks

Basic Subject Taught (names)	Acct'ing	Business English	Business Math	Typing	Machines	Shorthand	Office Trng.	Admin. Electives
No. different Subject Levels	7	6	3	5	5	8	2	3
Qrt.								
Hours of Class Training	20½	16½	7	13	5	24	6	9
Minimum Requirement to Receive Credit	20½	16½	7	13	5	24	6	9

Basic Subject Taught (names)	Pers. Devel.	Filing	Penmanship					
No. different Subject Levels	3	4	1					
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 72 Weeks Total Capacity -----

Average Enrollment: Men ---- Women 12 1st Term Students 6 Other Than 1st Term Students 6

No. of Students aged: 19 or under Mostly 20-24 ----- 25-29 ----- 30 or over -----

Tuition: Total \$1080 Monthly Basis \$1170 (\$65/mo.) Payment Plan term or monthly

Other Fees \$20 Books & Materials \$150 Materials ----- Equipment -----

Pre-requisite courses required No specific courses - high school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No ----- Tests Used School devised and tests from texts

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Executive Accounting Course STARTING DATE Every 10 weeks

Basic Subject Taught (names)	Acct'ing	Business English	Business Math	Typing	Machines	Admin, Electives	Filing	Execut. Develop.
No. different Subject Levels	17	6	3	4	5	6	2	1
Total Hours of Class Training	37	16½	7	11	5	18	4	4
Minimum Requirement to Receive Credit	37	16½	7	11	5	18	4	4

Basic Subject Taught (names)	Penmanship	Personal Development					
No. different Subject Levels							
Total Hours of Class Training	1	3					
Minimum Requirement to Receive Credit							

Length of Training Program 72 weeks Total Capacity -----

Average Enrollment: Men 25 Women 5 1st Term Students 15 Other Than 1st Term Students 15

No. of Students aged: 19 or under 15 20-24 ----- 25-29 ----- 30 or over -----

Tuition: Total \$1080 Monthly Basis \$1170 (\$65/mo.) Payment Plan None

Other Fees \$20 Books & Materials \$160 Materials ----- Equipment -----

Pre-requisite courses required No specific courses - high school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No ----- Tests Used School devised and tests from texts.

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Secretarial Course STARTING DATE Every 10 weeks

Basic Subject Taught (names)	Acct'ing	Business English	Business Math	Typing	Machines	Shorthand	Office Trng.	Filing
No. different Subject Levels	7	5	2	5	3	8	2	2
Total Hours of Class Training	10 $\frac{1}{2}$	13 $\frac{1}{2}$	5	13	3	24	6	4
Minimum Requirement to Receive Credit	10 $\frac{1}{2}$	13 $\frac{1}{2}$	5	13	3	24	6	4

Basic Subject Taught (names)	Admin. Electives	Personal Devel.	Penmanship					
No. different Subject Levels								
Total Hours of Class Training	3	3	1					
Minimum Requirement to Receive Credit								

Length of Training Program 52 - 60 weeks Total Capacity -----

Average Enrollment: Men --- Women 70 1st Term Students 30 Other Than 1st Term Students 40

No. of Students aged: 19 or under Mostly 20-24 ----- 25-29 ----- 30 or over -----

Tuition: Total \$900 (60 weeks) Monthly Basis \$975 (\$65/mo.) Payment Plan None

Other Fees \$20 Books & Materials \$140 Materials ----- Equipment -----

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No ----- Tests Used School devised and tests from texts

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Business Administration Course **STARTING DATE** Every 10 weeks

Basic Subject Taught (names)	Acct'ing	Business English	Business Math	Typing	Machines	Admin. Electives	Personal Develop.	Filing
No. different Subject Levels	11	5	3	3	5	3	1	1
Total Hours of Class Training	20½	13½	7	8	5	9	3	2
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Permanship						
No. different Subject Levels							
Total Hours of Class Training	1						
Minimum Requirement to Receive Credit							

Length of Training Program 40 - 48 Weeks Total Capacity -----

Average Enrollment: Men 36 Women 10 1st Term Students 23 Other Than 1st Term Students 23

No. of Students aged: 19 or under 23 20-24 ----- 25-29 ----- 30 or over -----

Tuition: Total \$720 (48 weeks) Monthly Basis (48/mo.) \$780 (48 weeks) Payment Plan None

Other Fees \$20 Books & materials \$125 Materials ----- Equipment -----

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No ----- Tests Used School devised and tests from texts

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Stenographic Course STARTING DATE Every 10 weeks

Basic Subject Taught (names)	Business English	Business Math	Typing	Machines	Shorthand	Filing	Office Training	Personal Development
No. different Subject Levels	5	1	5	1	8	2	2	1
Total Hours of Class Training	13½	2	13	½	24	4	6	3
Minimum Requirement to Receive Credit	13½	2	13	½	24	4	6	3

Basic Subject Taught (names)	Administ. Electives						
No. different Subject Levels							
Total Hours of Class Training	3						
Minimum Requirement to Receive Credit							

Length of Training Program 40 - 48 weeks Total Capacity -----

Average Enrollment: Men ----- Women 50 1st Term Students 25 Other Than 1st Term Students 25

No. of Students aged: 19 or under Mostly 20-24 ----- 25-29 ----- 30 or over -----

Tuition: Total \$720 (48 weeks) Monthly Basis (65/mo.) \$780 (48 weeks) Payment Plan None

Other Fees \$20 Books & materials \$80 Materials ----- Equipment -----

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No ----- Tests Used School devised and tests from texts

SPECIFIC TRAINING PROGRAMS

Gates College

PROGRAM Junior Business Training **STARTING DATE** Every 10 weeks

Basic Subject Taught (names)	Acct'ing	Business English	Business Math	Typing	Machines	Filing	Office Training	Personal Development
No. different Subject Levels	7	3	2	3	5	2	2	1
Total Hours of Class Training	10½	7½	5	8	5	4	4	3
Minimum Requirement to Receive Credit	10½	7½	5	8	5	4	4	3

Basic Subject Taught (names)	Administrative Electives	Penmanship					
No. different Subject Levels							
Total Hours of Class Training	3	1					
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Total Capacity _____

Average Enrollment: Men 10 Women 15 1st Term Students 13 Other Than 1st Term Students 12

No. of Students aged: 19 or under 13 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis (65/mo.) \$615.50 Payment Plan None

Other Fees \$20 Books & materials \$100 Materials _____ Equipment _____

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No _____ Tests Used School devised and tests from texts

(1)

(2)

SPECIALIZED SCHOOL NAME Gerald's School of Hair Design & CosmetologyStreet 21 South Second AvenueCity Marshalltown, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 752-4223 Area Code 515 Administrator M. HahnSponsor or Owner Gerald R. RaischSchool Accredited by State Board of Cosmetology Examiners-State Department of IowaApplication for admission mailed to: Name Gerald's School of Hair Design & Cosmetology Title _____Fee required with enrollment application: Amount \$50 Refundable: Yes X No _____Is fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____Dates student may begin classes: June, January, SeptemberSchool visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting Owner Address Gerald's School of Hair Design & CosmetologyProspective Students: Manager Address " " " " " " " "

Address _____

Compensated by: Straight Salary Commission _____ Salary plus commission _____Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When before enrollmentBy whom tested G. R. Raisch, M. Hahn Position Owner, ManagerGraduate placement service: Yes X No _____ Person or agency responsible G. R. Raisch, M. HahnStudent, part time work, placement service: Yes X No _____Person or agency responsible G. R. Raisch, M. Hahn Division of _____First term progress report sent to: Parents _____ Students X High School _____ Other CosmetologyStudents live: At home 30 % School owned _____ % YMCA/YWCA _____ % Private home _____ %Public facilities _____ % Private rooming house 70 % Other _____ %Financial aids available: Loans _____ Workstudy _____ Scholarship X Other _____Monthly room and board cost: \$20 per week (?) Admission Fee: _____

Application for financial aid required: Yes _____ No _____ Deadline Date _____

Director of financial aid _____

Tuition refund policy and schedule NON REFUNDABLEHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

PROGRAM Gerald's School of Hair Design & Cosmetology **STARTING DATE** 1st Monday, June, January, September

Basic Subject Taught (names)	Shampoo'g	Marcelling	Facial	Facial Massage	Electrical	Anat & Scapl	Treatment	Manicuring Practical
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit	100 hrs	1 hour	50 hrs	100 hrs	25 hrs	25 hrs	100 hrs	35 + 40

Basic Subject Taught (names)	Tint	P. Wave	E. Wave	Haircut	Sanitation	Tests	Iowa Law	Business Management
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit	75 hrs	559 hrs	40 hrs	130 + 40	35 + 55	50 hrs	20 hrs	110 hrs

Length of Training Program 2100 hours Total Capacity 65

Average Enrollment: Men 1% Women 99% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 85% 20-24 10% 25-29 2½% 30 or over 2½%

Tuition: Total \$400 cash Monthly Basis \$150 down payment Payment Plan \$450

\$50 per month

Other Fees \$10 State Board Exam Books furnished, free Materials furnished Equipment furnished with tuition

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Hygiene, Biology, Art, Typing, Bookkeeping

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

Revised 4/21/67

SPECIALIZED SCHOOL NAME Hanson Mechanical Trade SchoolStreet 65 N. Third St.City Fargo, North DakotaZIP CODE 58102

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator J. V. Arzdorf, SuptArea Code 58102Telephone 2355563Sponsor or Owner Byron & Ruth E. Hanson

Approved by State Dept. of Higher Educ., VA, B.I.A. Voc. Rehab. MDTA, Immig. Service for Foreign Students

School Accredited by National Association of Trade & Technical SchoolsApplication and information secured from: Name Ruth E. HansonTitle Office Mgr.Application for admission submitted to: Name Ruth E. HansonTitle Office Mgr.Enrollment fee 50.00Admission Fee: \$ 50.00 Is the fee applied toward tuition and other charges: Yes _____ No XFee required with enrollment application: Amount 5.00 Is the fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____School visitation: Recommended X Required _____ Includes: Parents _____ Students X Counselors _____Persons responsible for contacting No salesmen Address _____

prospective students: Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Interview conducted by: Ruth E. Hanson, J. V. Arzdorf or Irving Dregseth Position Off Mgr., Supt. & PrincipalWhen: At time of school visitationGraduate placement service: Yes X No _____ Person or agency responsible Irving Dregseth and J. V. ArzdorfStudent, part time work, placement service: Yes X No _____Person or agency responsible Ruth E. HansonFirst term progress report sent to: Parents X Students X High School _____ Other CounselorStudents live: At home 7.3 % School owned _____ % YMCA/YWCA _____ % Private home 51.12 %Public facilities 2.4 % Private rooming house 34.2 % other 4.9 %Average monthly room and board cost: \$70 to \$80Financial aids available: Institutional Loans \$ X Workstudy \$ _____ Scholarship \$ _____ Grants \$ _____Application for financial aid submitted to (person): Ruth E. Hanson Deadline date for financial aid _____Tuition refund policy and schedule All unused tuition refunded with exception of \$5.00 reg. fee and \$50.00 enrollment fee.Enrollment fee is applied on last month's tuition if student finishes.Has information, as mandated by law, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Auto & Diesel Mechanics **STARTING DATE** May 24 and every fourth Monday thereafter

Basic Subject Taught (names)	Diesel	Motors	Elec.	Carburet.	Chassis	Aut. Tran.	Shop	
No. different Subject Levels	11	7	8	4	13	6	7	
Total Hours of Class Training	140	140	140	140	140	140	350	
Minimum Requirement to Receive Credit	140	140	140	140	140	140	350	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 34 weeks (1,190 hours) Total Capacity 25 in each class

Average Enrollment: Men 20 Women -- 1st Term Students -- Other Than 1st Term Students --

No. of Students aged: 19 or under 68.5 20-24 20 25-29 9 30 or over 2

Tuition: Total \$773.50 Monthly Basis 91.00 Payment Plan Cash discount or monthly plan. Cash discount - cost of tuition is \$723.50

Other Fees Reg. fee 5.00 Books 21.00 Materials Tools 82.28 Equipment -----

Pre-requisite courses required -----

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes No X Tests Used -----

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Auto Body Repair **STARTING DATE** May 24 and every fourth Monday thereafter

	Orientation	Hand Tools	Equip.	Weld	Metal Finish	Align.	Painting	Wreck Repair
Basic Subject Taught (names)								
No. different Subject Levels	4	5	4	6	5	4	7	5
Total Hours of Class Training	Classes are integrated and interrelated							
Minimum Requirement to Receive Credit								

	Glass						
Basic Subject Taught (names)							
No. different Subject Levels	1						
Total Hours of Class Training	Classes are integrated and interrelated.						
Minimum Requirement to Receive Credit							

Length of Training Program 24 weeks (840 hours) Total Capacity 40

Average Enrollment: Men 25 Women --- 1st Term Students ---- Other Than 1st Term Students -----

No. of Students aged: 19 or under 72.5 20-24 21 25-29 6.5 30 or over ---

Tuition: Total 588.00 Monthly Basis 98.00 Payment Plan Cash discount or monthly
plan. Cash discount - cost of tuition is \$538.00

Other Fees 5.00 reg. fee Books 8.65 Materials Tools 90.86 Equipment ----

Pre-requisite courses required -----

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes --- No X Tests Used -----

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Arc Welding STARTING DATE Every Monday

	First	Second	Third				
Basic Subject Taught (names)							
No. different Subject Levels	12	11	13				
Total Hours of Class Training	35	35	35				
Minimum Requirement to Receive Credit	35	35	35				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 weeks (105 hours) Total Capacity 10

Average Enrollment: Men 6 Women --- 1st Term Students --- Other Than 1st Term Students ---

No. of Students aged: 19 or under 25% 20-24 10% 25-29 42% 30 or over 23%

Tuition: Total 180.00 Monthly Basis ---- Payment Plan Paid in full

Other Fees 5.00 reg. Books --- Materials W. kit 20.38 Equipment ----

Pre-requisite courses required ----

Specific Pre-requisite Courses recommended ----

Pre-enrollment or Placement test: Yes --- No X Tests Used ----

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Lathe STARTING DATE Every Monday

Basic Subject Taught (names)	Tools	Lathe Operation					
No. different Subject Levels	7	4					
Total Hours of Class Training	Interrelated						
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 weeks Total Capacity 4

Average Enrollment: Men 2 Women 1st Term Students --- Other Than 1st Term Students ----

No. of Students aged: 19 or under 5% 20-24 75% 25-29 15% 30 or over 5%

Tuition: Total 80.00 Monthly Basis ---- Payment Plan Paid in full

at time of enrollment

Other Fees 5.00 reg. Books ---- Materials Kit 7.65 Equipment -----

Pre-requisite courses required -----

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Complete Mechanics Course **STARTING DATE** May 23 and every fourth Monday

Basic Subject Taught (names)	Auto & Diesel	Auto Body Repair	Weld.	Lathe				
No. different Subject Levels	8	9	6	2				
Total Hours of Class Training	1,190	490	105	70				
Minimum Requirement to Receive Credit	1,190	490	105	70				

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 53 weeks (1,855) hours Total Capacity 30 in each class

Average Enrollment: Men 70 Women 1st Term Students --- Other Than 1st Term Students ----

No. of Students aged: 19 or under 68.5% 20-24 20.0% 25-29 9% 30 or over 2%

Tuition: Total 1,152.75 Monthly Basis 87.00 Payment Plan Cash plan

of 50.00 discount or 1,102.75.

Other Fees 5.00 reg. Books 28.80 Materials Tools 89.86 Equipment ---

Pre-requisite courses required -----

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

Hanson Mechanical Trade School

PROGRAM Acetylene Welding STARTING DATE Every Monday

Basic Subject Taught (names)	First	Second	Third				
No. different Subject Levels	7	7	7				
Total Hours of Class Training	35	35	35				
Minimum Requirement to Receive Credit	35	35	35				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 weeks (105 hours) Total Capacity 10

Average Enrollment: Men 6 Women 1st Term Students -- Other Than 1st Term Students ----

No. of Students aged: 19 or under 25% 20-24 10% 25-29 42% 30 or over 23%

Tuition: Total 180.00 Monthly Basis -- Payment Plan Payment in full

at time of enrollment

Other Fees 5.00 reg. Books ----- Materials Kit 11.78 Equipment -----

Pre-requisite courses required -----

Specific Pre-requisite Courses recommended -----

Pre-enrollment or Placement test: Yes No X Tests Used

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SPECIALIZED SCHOOL NAME Humboldt Institute, Inc.
 Street 2201 Blaisdell Ave. So.
 City Minneapolis, Minnesota 55404

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone Federal 9-9287 Area Code 612 Administrator A. Holz
 Sponsor or Owner Messrs. A. L. Rubinger, G. Burnett Veterans Administration
 School Accredited by Licensed by Department of Public Instruction, State of Minn; Natl Assoc. of Trade & Technical Schools;
 Application for admission mailed to: Name Mrs. B. Bjorklund Title Registrar
 Fee required with enrollment application: Amount \$100.00 Refundable: Yes X No X - if accepted; if not accepted, by request.
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Varied: mid-summer; Fall; (Jan & Feb)
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____
 Persons responsible for contacting David Booth Address _____
 Prospective Students: David Edwins Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission X Salary plus commission _____
 Entrance Testing required: Yes X No _____ When On application
 By whom tested Field Representative Position _____
 Personal interview required: Yes X No _____ When Prior to application
 By whom tested Field Representative Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible Mr. A. Holz
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Mr. A. Holz
 First term progress report sent to: Parents X Students X High School by request Other _____
 Students live: At home 5 % School owned _____ % YMCA/YWCA _____ % Private home 25 %
 Public facilities _____ % Private rooming house 70 % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: \$70.00 Admission Fee: None
 Application for financial aid required: Yes X No _____ Deadline Date with application
 Director of financial aid Mrs. B. Bjorklund
 Tuition refund policy and schedule Upon acceptance of app, \$100 reg. fee will not be refunded; Withdrawal during the 1st quarter of a course, 75% of the total tuition refunded; withdrawal during the first half of the course, 50% of the total tuition is refunded.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____
 Humboldt does not offer transferable credits, consequently is not accredited in the true sense of the term; however, we are listing agencies by which Humboldt Institute is recognized.

SPECIFIC TRAINING PROGRAMS

Humboldt Institute, Inc.

PROGRAM International Travel & Secretarial STARTING DATE July/October/January

Basic Subject Taught (names)	Psychology	Shorthand	Teletype	Travel & Tour	Reservations	Airline Procedure	English	Personality Development
No. different Subject Levels	1	2	1	1	1	1	1	1
Total Hours of Class Training	180	180	45	108	90	90	180	62
Minimum Requirement to Receive Credit	180	180	45	108	90	90	180	62

Basic Subject Taught (names)	Typing	Employment Guidance						
No. different Subject Levels	2							
Total Hours of Class Training	135	10						
Minimum Requirement to Receive Credit	135	10						

Length of Training Program 36 weeks Total Capacity 350

Average Enrollment: Men 15 Women 335 1st Term Students X Other Than 1st Term Students _____

No. of Students aged: 19 or under 85% 20-24 10% 25-29 3% 30 or over 2%

Tuition: Total \$1175 Monthly Basis _____ Payment Plan _____

Other Fees Insurance \$18.00 Books \$40.00 Materials N/A Equipment N/A

Pre-requisite courses required High school graduate

Specific Pre-requisite Courses recommended Business subjects - English 4 years

Pre-enrollment or Placement test: Yes X No _____ Tests Used Wonderlic A & B; Otis; Minn. Clerical

SPECIFIC TRAINING PROGRAMS

Humboldt Institute, Inc.

PROGRAM Transportation & Traffic Management STARTING DATE July/Sept/Jan

Basic Subject Taught (names)	Traffic Management	Airline Operations	Airline Ticketing	Reservations	Communications	Typing	Business Math	Human Behavior & Sales Psychology
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	348	45	45	45	180	180	12	27
Minimum Requirement to Receive Credit	348	45	45	45	180	180	12	27

Basic Subject Taught (names)	Grooming	Employment Guidance					
No. different Subject Levels	1	1					
Total Hours of Class Training	18	10					
Minimum Requirement to Receive Credit	18	10					

Length of Training Program 36 weeks Total Capacity 350

Average Enrollment: Men 350 Women _____ 1st Term Students X Other Than 1st Term Students _____

No. of Students aged: 19 or under 85% 20-24 10% 25-29 3% 30 or over 2%

Tuition: Total \$1095.00 Monthly Basis X Payment Plan Varied

Other Fees Insurance \$18.00 Books \$40.00 Materials N/A Equipment N/A

Pre-requisite courses required High school graduate

Specific Pre-requisite Courses recommended Business subjects - English 4 years

Pre-enrollment or Placement test: Yes X No _____ Tests Used Wonderlic A & B - Otis - Minn. Clerical

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SPECIALIZED SCHOOL NAME Institute of Drafting and TechnologyStreet 1/4 mi. south, Hwy 78 PO Box 150City Morrison, Illinois 61270

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Erwin G. Suechting Area Code 815 Telephone 772-2141Sponsor or Owner Erwin G. SuechtingSchool Accredited by State of IllinoisApplication and information secured from: Name Office of the Registrar Title RegistrarApplication for admission submitted to: Name Student Admissions Title DeanAdmission Fee: \$ 35.00 Is the fee applied toward tuition and other charges: Yes XXX No XXXFee required with enrollment application: Amount XXX Is the fee applied toward tuition and other charges: Yes XXX No XXXNotification of acceptance: To student Yes To parent Yes To high school YesHigh school transcript required: Yes XX No XXX High School recommendation: Requested XXX Required XXXSchool visitation: Recommended XXX Required XXX Includes: Parents XXXX Students XXXXX Counselors XXXXPersons responsible for contacting John L. Greenwood Address IDT, Box 150, Morrison, Ill 61270prospective students; Arlinn Rambo Address IDT, Box 150, Morrison, Ill 61270Compensated by: Straight Salary XXXXXXXX Commission XXX Salary plus commission XXXEntrance Testing required: Yes XXX No XXX When Upon request by student, before registeringBy whom tested Student Admissions Office Position XXXInterview conducted by: Office of Student Admissions Position XXXWhen: By AppointmentGraduate placement service: Yes XX No XXX Person or agency responsible Mr. Richard ParkinsonStudent, part time work, placement service: Yes XX No XXXPerson or agency responsible Mr. Richard ParkinsonFirst term progress report sent to: Parents XXXXX Students XXXXX High School XXX Other XXXStudents live: At home 49 % School owned 51 % YMCA/YWCA XXX % Private home XXX %Public facilities XXX % Private rooming house XXX % Other XXX %Average monthly room and board cost: 70.00Financial aids available: Institutional Loans \$ XXX Workstudy \$ XXX Scholarship \$ XXX Grants \$ XXXApplication for financial aid submitted to (person): John L. Greenwood Deadline date for financial aid 2 wks afterTuition refund policy and schedule Please refer to our catalog, page 10 semester startsHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes XX No XXX

SPECIALIZED SCHOOL NAME Institute of Drafting and Technology

ADDRESS $\frac{1}{4}$ mi. south, Hwy 78, Morrison, Illinois 61270

Specific Training Program Drafting, Optical Tech., Secretarial, Production Engineering Starting Date(s) June 20, 1967
Oct. 17, 1967
Feb. 20, 1968

Basic Subject Taught (names)	Please refer to our catalog, pp 15-22, 23-26 Sec. 27-32 Optics 33-38 Engineering						
No. different Subject Levels	4 different levels. Please refer to our catalog						
Total Hours of Class Training	Refer to catalog						
Minimum Requirement to Receive Credit	Refer to catalog						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program See catalog Average Enrollment: Men 100 Women 8 Total Capacity 160

No. of Students aged: 19 or under 95% 20-24 3% 25-29 1% 30 or over 1%

Tuition: Total 395/semester 245/quarter Monthly Basis None Payment Plan HEP

Books See catalog pg 11 Materials page 11 Equipment None Other Required Costs see pg 11

Estimated minimum total cost to complete program \$ Approx 1600

High School Diploma Required: Yes XXX No

Pre-requisite courses required see catalog

Specific Pre-requisite Courses recommended see catalog

Pre-enrollment or Placement test: Yes XX No Tests Used McKnight

SPECIALIZED SCHOOL NAME Iowa Barber College
 Street 219 Walnut St.
 City Des Moines, Iowa 50309

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Telephone 244-0971 Area Code 515 Administrator Bert B. Millis
 Sponsor or Owner Bert B. Millis
 School Accredited by Iowa State Dept. of Health through the Barber Division
 Application for admission mailed to: Name Iowa Barber College Title _____
 Fee required with enrollment application: Amount \$60.00 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____
 Dates student may begin classes: WHEN ever the school has a vacancy
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____
 Persons responsible for contacting None Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible _____
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Manager of school
 First term progress report sent to: Parents _____ Students _____ High School _____ Other _____
 Students live: At home 30 % School owned _____ % YMCA/YWCA 7 % Private home _____ 7 %
 Public facilities _____ % Private rooming house _____ % Other 56 %
 Financial aids available: Loans No Workstudy No Scholarship No Other No
 Monthly room and board cost: \$105.00 to 135.00 Admission Fee: None
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid None
 Tuition refund policy and schedule Student pays for tuition by the month. If progress is unsatisfactory, student contract is terminated at end of month, therefore no refund.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____ Senate File 560 does not apply to accredited barber schools. The Iowa Barber college has been properly accredited by the Iowa Board 249 of Barber Examiners under the Iowa State Dept. of Health.

SPECIFIC TRAINING PROGRAMS

Iowa Barber College

PROGRAM Barber Course STARTING DATE as vacancies occur

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

	1800						
	1800						

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program Nine months Total Capacity 28

Average Enrollment: Men 28 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 24 20-24 3 25-29 _____ 30 or over 1

Tuition: Total 540.00 Monthly Basis 60.00 Payment Plan _____

All fees, books, and equipment are not included in the tuition of \$540.00, and must be paid for on starting date.

Other Fees 12.50 Books 13.50 Materials _____ Equipment 139.00

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa City Commercial College
 Street Washington at Dubuque Street
 City Iowa City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 337-7644 Area Code 319 Administrator Frank H. McCabe
 Sponsor or Owner Frank H. McCabe
 School Accredited by In process
 Application for admission mailed to: Name Frank H. McCabe Title Owner
 Fee required with enrollment application: Amount \$10.00 Refundable: Yes No X
 Is fee applied toward tuition and other charges: Yes No X
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: September, October, January, February, June
 School visitation: Recommended X Required Includes: Parents X Students Counselors
 Persons responsible for contacting Frank H. McCabe Address Iowa City Commercial College
 Prospective Students: Address Iowa City, Iowa
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When Before enrolling
 By whom tested Frank H. McCabe Position Owner
 Graduate placement service: Yes X No Person or agency responsible Frank H. McCabe
 Student, part time work, placement service: Yes X No
 Person or agency responsible Frank H. McCabe
 First term progress report sent to: Parents Students X High School Other
 Students live: At home 75 % School owned % YMCA/YWCA % Private home 25 %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans None Workstudy -- Scholarship -- Other --
 Monthly room and board cost: up to student Admission Fee: \$10.00
 Application for financial aid required: Yes -- No -- Deadline Date --
 Director of financial aid --
 Tuition refund policy and schedule Unused of a month or more

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Stenographic - 10 months STARTING DATE September, October, January, February, June

Basic Subject Taught (names)	Shorthand	Typing	Eng. I	Eng. II	Spelling	Filing	Office Practice	Dictaphone
No. different Subject Levels	3	3	1	1	1	1	1	1
Total Hours of Class Training	378	360	54	54	54	18	54	36
Minimum Requirement to Receive Credit	378	360	54	54	54	18	54	36

Basic Subject Taught (names)	Machines						
No. different Subject Levels	1						
Total Hours of Class Training	36						
Minimum Requirement to Receive Credit	36						

Length of Training Program 10 months Total Capacity 80

Average Enrollment: Men 80 Women 80 1st Term Students 50 Other Than 1st Term Students 30

No. of Students aged: 19 or under 50 20-24 20 25-29 7 30 or over 3

Tuition: Total \$500.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration \$10 Books \$50 Materials \$25 Equipment None

Pre-requisite courses required ---

Specific Pre-requisite Courses recommended High School Graduate

Pre-enrollment or Placement test: Yes No X Tests Used None

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Business Administration STARTING DATE September, October, January, February, June

Basic Subject Taught (names)	Accounting	Bus. Law	Bus. Math	Machines	Typing	Eng. I	Spelling	Inc. Tax & Soc. Sec.
No. different Subject Levels	3	1	1	1	2	1	1	1
Total Hours of Class Training	216	54	54	108	144	54	54	108
Minimum Requirement to Receive Credit	216	54	54	108	144	54	54	108

Basic Subject Taught (names)	Dictaphone	Salesmanship						
No. different Subject Levels	1	1						
Total Hours of Class Training	18	54						
Minimum Requirement to Receive Credit								

Length of Training Program 12 months Total Capacity 30

Average Enrollment: Men Women 5 1st Term Students 15 Other Than 1st Term Students 5

No. of Students aged: 19 or under 20 20-24 3 25-29 2 30 or over

Tuition: Total \$600.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration \$10.00 Books \$50.00 Materials \$25.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High school diploma

Pre-enrollment or Placement test: Yes No X Tests Used None

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Secretarial STARTING DATE _____

Basic Subject Taught (names)	Shorthand	Typing	Eng. I & II	Spelling	Filing	Office Practice	Dictaphone	Machines
No. different Subject Levels	3	4	1	1	1	1	1	1
Total Hours of Class Training	378	460	108	54	18	54	36	72
Minimum Requirement to Receive Credit	378	460	108	54	18	54	36	72

Basic Subject Taught (names)	Accounting I & II	Bus. Math						
No. different Subject Levels	1	1						
Total Hours of Class Training	144	36						
Minimum Requirement to Receive Credit	144	36						

Length of Training Program 11 months Total Capacity _____

Average Enrollment: Men 0 Women 100 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 50 20-24 20 25-29 7 30 or over 3

Tuition: Total \$500.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees \$10.00 Books \$50.00 Materials \$25.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High school graduate

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Higher Accounting - 24 months STARTING DATE _____

Basic Subject Taught (names)	Accounting	Bus. Math	Penmanship	Bus. Law I & II	Typing	Eng. I and II	Spelling	Filing
No. different Subject Levels	6	1	1	1	2	1	1	1
Total Hours of Class Training	612	108	36	90	108	108	54	18
Minimum Requirement to Receive Credit	612	108	36	90	108	108	54	18

Basic Subject Taught (names)	Machines	Bus. Org	Inc. Tax & Soc. Sec.					
No. different Subject Levels	1	1	1					
Total Hours of Class Training	108	36	108					
Minimum Requirement to Receive Credit	108	36	108					

Length of Training Program 24 months Total Capacity 30

Average Enrollment: Men 25 Women 5 1st Term Students - Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 5 25-29 5 30 or over _____

Tuition: Total \$1200.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration \$10 Books \$75.00 Materials \$25.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School Graduate

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Clerk Typists STARTING DATE _____

Basic Subject Taught (names)	Typing I, II & III	Eng. I	Eng. II	Spelling	Filing	Machines	Dictaphone	Sec. Duties
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	288	54	54	54	18	36	36	54
Minimum Requirement to Receive Credit	288	54	54	54	18	36	36	54

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 7 months Total Capacity 50

Average Enrollment: Men _____ Women 24 1st Term Students 5 Other Than 1st Term Students 20

No. of Students aged: 19 or under 15 20-24 3 25-29 2 30 or over 5

Tuition: Total \$350.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration Books \$30.00 Materials \$15.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Higher Accounting - 24 months STARTING DATE _____

Basic Subject Taught (names)	Accounting	Bus. Math	Penmanship	Bus. Law I & II	Typing	Eng. I and II	Spelling	Filing
No. different Subject Levels	6	1	1	1	2	1	1	1
Total Hours of Class Training	612	108	36	90	108	108	54	18
Minimum Requirement to Receive Credit	612	108	36	90	108	108	54	18

Basic Subject Taught (names)	Machines	Bus. Org	Inc. Tax & Soc. Sec.					
No. different Subject Levels	1	1	1					
Total Hours of Class Training	108	36	108					
Minimum Requirement to Receive Credit	108	36	108					

Length of Training Program 24 months Total Capacity 30

Average Enrollment: Men 25 Women 5 1st Term Students - Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 5 25-29 5 30 or over _____

Tuition: Total \$1200.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration \$10 Books \$75.00 Materials \$25.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School Graduate

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Iowa City Commercial College

PROGRAM Clerk Typists STARTING DATE _____

Basic Subject Taught (names)	Typing I, II & III	Eng. I	Eng. II	Spelling	Filing	Machines	Dictaphone	Sec. Duties
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	288	54	54	54	18	36	36	54
Minimum Requirement to Receive Credit	288	54	54	54	18	36	36	54

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 7 months Total Capacity 50

Average Enrollment: Men _____ Women 24 1st Term Students 5 Other Than 1st Term Students 20

No. of Students aged: 19 or under 15 20-24 3 25-29 2 30 or over 5

Tuition: Total \$350.00 Monthly Basis \$50.00 Payment Plan monthly

Other Fees Registration Books \$30.00 Materials \$15.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Iowa Lutheran Hospital School of Nursing

Street 716 Parnell

City Des Moines, Iowa 50316

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Administrator F. A. Hanson Area Code 515 Telephone 262-9301

Sponsor or Owner Iowa Conference, Lutheran Church of Americal

School Accredited by National League for Nursing

Application and information secured from: Name Nellie Osterlund Title Director of Nursing

Application for admission submitted to: Name Nellie Osterlund Title Director of Nursing

Admission Fee: \$50.00 after acceptance Is the fee applied toward tuition and other charges: Yes X No

Fee required with enrollment application: Amount \$10.00 Is the fee applied toward tuition and other charges: Yes No X

Notification of acceptance: To student X To parent To high school

High school transcript required: Yes X No High School recommendation: Requested Required

School visitation: Recommended Required X Includes: Parents Students X Counselors

Persons responsible for contacting Nellie Osterlund, Director of Nursing Address Iowa Lutheran Hosp. Des Moines, Iowa

prospective students: Mary B. Anderson, Assoc. Dir. of Nursing Address Iowa Lutheran Hospital, Des Moines, Iowa

Compensated by: Straight Salary X Commission Salary plus commission

Entrance Testing required: Yes X No When Pre-entrance, monthly schedule of examinations

By whom tested NLN Pre-entrance Examination, at local colleges Position

Interview conducted by: Faculty members of the school Position

When: Arranged individually

Graduate placement service: Yes No X Person or agency responsible

Student, part time work, placement service: Yes No X not guaranteed-- may be permitted to work after 18 mo. if grade average is high enough.

Person or agency responsible Organizations

First term progress report sent to: Parents X Students X High School Other Scholarships

Students live: At home married % School owned residence % YMCA/YWCA % Private home %

Public facilities % Private rooming house % Other %

Average monthly room and board cost: \$50.00 first two semesters only available

Financial aids available: Institutional Loans \$ 5000.00 Workstudy \$ Scholarship \$ 100.00- 3 Grants \$

Application for financial aid submitted to (person): Director of Nursing Deadline date for financial aid none

Tuition refund policy and schedule percentage basis, first four weeks of semester only

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes No X

SPECIALIZED SCHOOL NAME Iowa Lutheran Hospital School of Nursing

ADDRESS 716 Parnell Des Moines, Iowa

Specific Training Program Diploma Program in Nursing Starting Date(s) September annually

Basic Subject Taught (names)	Anatomy & Physiology	Fundamentals of Nursing	Microbiology	Religion in Nursing	Chemistry	Psychology	Medical-Surgical Nursing
No. different Subject Levels	2	2	1	2	1	1	6
Total Hours of Class Training	144	134	80	20	48	48	528
Minimum Requirement to Receive Credit	Grandview College		Grandview College		Grandview College	Grandview College	

Basic Subject Taught (names)	Nutrition	Sociology	Maternal Health Nursing	Child health Nursing	Psychiatric Nursing		
No. different Subject Levels	2	1	1	1	1		
Total Hours of Class Training	32	48	84	84	84		
Minimum Requirement to Receive Credit		Grandview College					

Length of Training Program 3 years Average Enrollment: Men 150 Women 170 Total Capacity 170

No. of Students aged: 19 or under 90 20-24 60 25-29 0 30 or over 0

Tuition: Total \$2,255.00 Monthly Basis Payment Plan X

By semester, first year, by the quarter, second and third year.

First year, which includes tuition to Grand View College: \$1,438.00 Second year: \$398.00 Third year: \$415.00

Books Materials Equipment Other Required Costs

Estimated minimum total cost to complete program \$ \$2,255.00

High School Diploma Required: Yes X No

Pre-requisite courses required English-4 years Mathematics- 2 years Biology- 1 year Chemistry- 1 year

Specific Pre-requisite Courses recommended Physics - 1 year

Pre-enrollment or Placement test: Yes X No Tests Used NLN Pre-nursing and Guidance Examination

SPECIFIC TRAINING PROGRAMS

Iowa Luthern Hospital School of Nursing and Radiology

PROGRAM Technology (Radiology) STARTING DATE July 1 each year

Basic Subject Taught (names)	Anatomy & Physiology	Physics	X-Ray Positioning	Prof. Ethics	Radioactive isotopes	Radiation Therapy	Radiographic Exposure	Darkroom Chem. & Process.
No. different Subject Levels	2	2	3	2	1	1	3	2
Total Hours of Class Training	50	40	50	8	15	10	35	14
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Medical Termination							
No. different Subject Levels	2							
Total Hours of Class Training	30							
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 10 students (5 each year)

Average Enrollment: Men 3 per yr. Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 4 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total none Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school diploma

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used (Interview - visit to X-ray Dept. Review of high school record)

SPECIALIZED SCHOOL NAME IOWA LUTHERAN HOSPITAL SCHOOL OF X-RAY TECHNOLOGYStreet 716 PARNELLCity DES MOINES, IOWA 50316

ZIP CODE

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Administrator F.A. HANSON Area Code 515 Telephone 262-9301

Sponsor or Owner _____

School Accredited by AMA and Am. Registry of Radiologic TechnologistApplication and information secured from: Name Robert M. Stevenson (arrt) (snmt) Title Director of TrainingApplication for admission submitted to: Name Robert M. Stevenson (arrt) (snmt) Title Director of TrainingAdmission Fee: \$ None Is the fee applied toward tuition and other charges: Yes _____ No XFee required with enrollment application: Amount None Is the fee applied toward tuition and other charges: Yes _____ No _____Notification of acceptance: To student X To parent No To high school NoHigh school transcript required: Yes X No _____ High School recommendation: Requested No Required _____School visitation: Recommended _____ Required X Includes: Parents _____ Students _____ Counselors _____Persons responsible for contacting Robert M. Stevenson, R.T. Address 716 Parnell Avenue, Des Moines, Iowa

prospective students; _____ Address _____

Compensated by: Straight Salary Stipend Commission No Salary plus commission NoEntrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Interview conducted by: Radiologist and Director of Training Position _____When: Arranged individuallyGraduate placement service: Yes _____ No X Person or agency responsible NoneStudent, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home 50 % School owned _____ % YMCA/YWCA _____ % Private home Students furnish housing 50 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Average monthly room and board cost: _____

Financial aids available: Institutional Loans \$ None Workstudy \$ None Scholarship \$ None Grants \$ No

Application for financial aid submitted to (person): _____ Deadline date for financial aid _____

Tuition refund policy and schedule _____

no tuition charged - stipend paid as listed aboveHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIALIZED SCHOOL NAME Iowa Lutheran Hospital School of X-ray TechnologyADDRESS 716 Parnell Avenue, Des Moines, IowaSpecific Training Program Diploma in X-ray Technology Starting Date(s) July 1 (annually)

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Anatomy & Physiology	Physics	x-ray positioning	Prof. Ethics	Radio. Isotopes	Radiation Therapy	Radio. Exposure	Darkroom Chem. Process
2	2	3	2	1	1	3	2
50	40	50	8	15	10	35	14

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Medical Terminology							
2							
30							

Length of Training Program 2 years Average Enrollment: Men Women Total Capacity 10 students(5 each year)No. of Students aged: 19 or under 6 20-24 25-29 30 or over Tuition: Total No tuition Monthly Basis Payment Plan Stipend paid (see reverse side of form)Books Furnished Materials Furnished Equipment Furnished Other Required Costs NoneEstimated minimum total cost to complete program \$ High School Diploma Required: Yes X No Pre-requisite courses required NoneSpecific Pre-requisite Courses recommended Biology & Physics helpful, but not requiredPre-enrollment or Placement test: Yes No X Tests Used Interview - Visit to Dept. - Review of High School Record

SPECIALIZED SCHOOL NAME Iowa Methodist School of NursingStreet 1117 Pleasant StreetCity Des Moines, Iowa

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Telephone 288-7271 Area Code 515 Administrator Donald W. CordesSponsor or Owner Iowa Methodist HospitalSchool Accredited by National League for Nursing and Iowa Board of NursingApplication for admission mailed to: Name Miss Margaret J. Denniston Title Director of NursingFee required with enrollment application: Amount \$10 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: September 7, 1966School visitation: Recommended _____ Required X Includes: Parents X Students X Counselors _____Persons responsible for contacting Field Chaplain Address _____

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When Oct. thru July. Various dates at various citiesBy whom tested National League for Nursing Exam (Drake) Position _____Personal interview required: Yes X No _____ When July a year previous. Anytime before acceptanceBy whom tested Members of faculty & Director of Nursing Position _____Graduate placement service: Yes X No _____ Person or agency responsible _____Student, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home _____ % School owned 100 % YMCA/YWCA _____ % Private home _____ %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship X Other _____Monthly room and board cost: \$40 for 1st 9 months Admission Fee: \$30Application for financial aid required: Yes X No _____ Deadline Date _____Director of financial aid Field ChaplainTuition refund policy and schedule None formulated at present

SPECIFIC TRAINING PROGRAMS

Iowa Methodist School of Nursing

PROGRAM Diploma Program

STARTING DATE First part of Sept.

Basic Subject Taught (names)	Anatomy & Physiology	Chemistry	Socio	Psy	Micro	Pharm	Nutrition	Nursing Fundamentals
No. different Subject Levels	1 st yr	1st yr	1st yr	1st yr	1st yr	1st yr	1st yr	1st yr
Total Hours of Class Training	144	64	48	48	80	48	31	64
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 months less 12 wks vacation Total Capacity 260 students

Average Enrollment: Men Women 250 1st Term Students 112 Other Than 1st Term Students 151

No. of Students aged: 19 or under 110 20-24 150 25-29 30 or over

Tuition: Total 3 yrs \$600 school & \$580 Drake Monthly Basis Payment Plan

Total expense of 3 yrs program approx. \$1,983.54

Other Fees Transportation \$90 Books \$155 approx. 3 yrs. Materials Uniforms \$92 approx. 3 yrs. Other Blue Cross \$50.04 3 yrs. approx

Pre-requisite courses required Chemistry

Specific Pre-requisite Courses recommended Physics

Pre-enrollment or Placement test: Yes X No Tests Used ITED, ACT, NLN

SPECIFIC TRAINING PROGRAMS

PROGRAM Iowa Methodist School of Nursing STARTING DATE _____

Basic Subject Taught (names)	Rehabilitation covery i	Growth & Obstetrics	Develop Pediatrics	Psych	Operating Room	Med. Surg. Nursing	Religion in Nurs.	Trends
No. different Subject Levels	intensive Late 2nd	Care or early 3rd year				1st, 2nd & 3rd yr.	1st yr	3rd yr
Total Hours of Class Training	27	82	82	199	31	332	16	24
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Adv. Nurs.							
No. different Subject Levels	3rd yr.							
Total Hours of Class Training	72							
Minimum Requirement to Receive Credit								

Length of Training Program 36 months less 12 wks vacation Total Capacity 250

Average Enrollment: Men _____ Women 250 1st Term Students 109 Other Than 1st Term Students 151

No. of Students aged: 19 or under X 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan X

Arrangements are made with the Comptroller

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required Chemistry

Specific Pre-requisite Courses recommended Physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used NLN, ITED, AND/OR ACT

SPECIALIZED SCHOOL NAME Iowa Methodist Hospital School of X-Ray TechnologyStreet 1200 PleasantCity Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 288-7271 Area Code 515 Administrator Mr. Donald Cordes - Dr. A. B. PhillipsSponsor or Owner Iowa Methodist HospitalSchool Accredited by American Medical AssociationApplication for admission mailed to: Name Allan B. Phillips, M.D. Title Chief RadiologistFee required with enrollment application: Amount May be soon \$10.00 Refundable: Yes N/A No _____Is fee applied toward tuition and other charges: Yes N/A No _____ No enrollment fee charged as yet.Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X _____Dates student may begin classes: 1st week in SeptemberSchool visitation: Recommended _____ Required X Includes: Parents if they wish Students X Counselors _____Persons responsible for contacting No one sent out in the field. Address _____Prospective Students: Students contact the administrator Address _____Address _____Compensated by: Straight Salary N/A Commission N/A Salary plus commission N/AEntrance Testing required: Yes X No _____ When Aptitude test through State Employment OfficeBy whom tested State Employment Office Position _____Personal interview required: Yes X No _____ When _____By whom tested Miss Mildred Metcalf Position Chief TechnicianGraduate placement service: Yes X No _____ Person or agency responsible _____Student, part time work, placement service: Yes _____ No XPerson or agency responsible _____First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home _____ % School owned _____ % YMCA/YWCA _____ % Private home _____ %Public facilities _____ % Private rooming house _____ % Other Provide own living %Financial aids available: Loans No Workstudy No Scholarship No requirement OtherMonthly room and board cost: Furnish own Admission Fee: \$100.00Application for financial aid required: Yes N/A No _____ Deadline Date _____Director of financial aid N/ATuition refund policy and schedule 1st week - \$100; 2nd week - \$75; 3rd week - \$50; 4th week - \$25; after 4 weeks, no refund.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Iowa Methodist Hospital School of X-Ray Technology

Non-registered technicians. Then eligible to take National registry examination given in

PROGRAM November Certificate **STARTING DATE** 1st week in September

Basic Subject Taught (names)	Anatomy & Physiology	Physics	Developing Radiograph - Room Tech.	Patient Positioning	Nursing Procedures	Special Procedures	Radiation Therapy
No. different Subject Levels							
Total Hours of Class Training	30 hrs.	40 hrs.	40 hrs.	10 hrs.	40 hrs.	15 hrs.	20 hrs.
Minimum Requirement to Receive Credit	75% on all						

Basic Subject Taught (names)	Medical Terminology, Ethics, Protection, and Misc. Subjects						
No. different Subject Levels							
Total Hours of Class Training	85 hrs.						
Minimum Requirement to Receive Credit							

Length of Training Program 24 months Total Capacity 10

Average Enrollment: Men 4 Women 6 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 10 20-24 25-29 30 or over

Tuition: Total \$100.00 the 1st year Monthly Basis Payment Plan
No tuition second year.

Other Fees Books \$50.00 Materials Uniforms-\$50.00 Equipment

Pre-requisite courses required

Specific Pre-requisite Courses recommended Physics, Chemistry, Math.

Pre-enrollment or Placement test: Yes X No Tests Used B-326 Aptitude (State Employment Office)

SPECIALIZED SCHOOL NAME Iowa School of Auctioneering
 Street 3504 Grand
 City Ames, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 232-5049 Area Code 515 Administrator _____
 Sponsor or Owner Leon E. Joy
 School Accredited by _____
 Application for admission mailed to: Name Leon E. Joy Title Secretary
 Fee required with enrollment application: Amount \$25.00 Refundable: Yes # No _____
 Is fee applied toward tuition and other charges: Yes # No _____
 Notification of acceptance: To student Yes To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No # High School recommendation: Requested _____ Required _____
 Dates student may begin classes: March 7, June 6, Aug. 1, Dec. 5, 1966
 School visitation: Recommended X Required _____ Includes: Parents _____ Students _____ Counselors _____
 Persons responsible for contacting Leon E. Joy Address Ames, Iowa
 Prospective Students: Al Boss Address Carroll, Iowa
F.E. Bloomer Address Glenwood, Iowa
 Compensated by: Straight Salary # Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No # When _____
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No # When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes _____ No # Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No #
 Person or agency responsible _____
 First term progress report sent to: Parents _____ Students _____ High School _____ Other _____
 Students live: At home _____ % School owned # % YMCA/YWCA _____ % Private home _____ %
 Public facilities # % Private rooming house _____ % Other _____ %
 Financial aids available: Loans None Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: Included in tuition Admission Fee: \$200.00
 Application for financial aid required: Yes _____ No _____ Deadline Date One week before school
 Director of financial aid None
 Tuition refund policy and schedule If student is not able to respond to course at the end of 3 days tuition is refunded.

SPECIFIC TRAINING PROGRAMS

Iowa School of Auctioneering

PROGRAM Two weeks Course STARTING DATE 1st Monday of March, June, August & December

Basic Subject Taught (names)	Public Speaking		Judging Values	Care of Voice	Different types of Auctioneering
No. different Subject Levels					
Total Hours of Class Training	5		10	2	20
Minimum Requirement to Receive Credit	3		8	2	20

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program Two weeks Total Capacity 20

Average Enrollment: Men 7 Women _____ 1st Term Students 7 Other Than 1st Term Students _____

No. of Students aged: 19 or under 2 20-24 3 25-29 _____ 30 or over 2

Tuition: Total \$200.00 Monthly Basis _____ Payment Plan _____

Other Fees None Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High School

Pre-enrollment or Placement test: Yes _____ No # Tests Used _____

SPECIALIZED SCHOOL NAME Iowa School of Beauty CultureStreet 816½ Walnut StreetCity Des Moines, IowaZIP CODE 50309

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Mrs. Elizabeth ChristensenArea Code 515Telephone 244-6253Sponsor or Owner Harry B. HornerSchool Accredited by State of Iowa - licensedApplication and information secured from: Name Harry HornerTitle OwnerApplication for admission submitted to: Name William E. HornerTitle Admissions CounselorAdmission Fee: \$ none

Is the fee applied toward tuition and other charges: Yes

No

Fee required with enrollment application: Amount \$100.00

Is the fee applied toward tuition and other charges: Yes

X

No

Notification of acceptance: To student XTo parent X

To high school

High school transcript required: Yes

No X

High School recommendation: Requested

X

Required

School visitation: Recommended X

Required

Includes: Parents

X

Students

XCounselors X

Persons responsible for contacting

Address

prospective students; Wm. E. HornerAddress 1218-34th St, Des Moines

Compensated by: Straight Salary

Commission

~~XXXX~~ plus commission X
expenses

Entrance Testing required: Yes

No X

When

By whom tested

Position

Interview conducted by: Wm. Horner or Mrs. ChristensenPosition counselor/managerWhen: at time of inquiryGraduate placement service: Yes X No

Person or agency responsible

Iowa School of Beauty CultureStudent, part time work, placement service: Yes X NoPerson or agency responsible Iowa Beauty School managementFirst term progress report sent to: Parents X

Students

High School

Other

Students live: At home 10 %School owned 40 %YMCA/YWCA 15 %Private home 70 %Public facilities 10 %Private rooming house 70 %Other 5 %Average monthly room and board cost: \$60 to \$70Financial aids available: ~~Institutional~~ 400.00Workstudy \$ part-time work availableScholarship \$ noneGrants \$ noneApplication for financial aid submitted to (person): Veterans assistance and Welfare education program

Deadline date for financial aid

Tuition refund policy and schedule No refunds except for sickness-disability or deathHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No Does not apply

SPECIALIZED SCHOOL NAME Iowa School of Beauty CultureADDRESS 816 1/2 Walnut St.Specific Training Program Cosmetology Starting Date(s) January, June, Sep,

	Bacteriology						
Basic Subject Taught (names)	Physiology	Hygiene	Skin &	Sterilization	The	Hair-coloring	Iowa
No. different Subject Levels	Anatomy	Good grooming	Scalp	Sanitation	Nail	Chemistry	Wig care
Total Hours of Class Training	Seniors	I	Seniors II	and Freshman (all cover all of Theory)			
Minimum Requirement to Receive Credit	2100						
	2100						

Basic Subject Taught (names)	Electricity	Massage	Permanent	Facials	Personality	Visual	Hairshaping	Salon
No. different Subject Levels	Light therapy		waving	Make-up	Development	Poise	Hairstyling	Managem
Total Hours of Class Training	Seniors I	Seniors II	and Freshman (all levels cover Theory)					Professional
Minimum Requirement to Receive Credit	2100							ethics
	2100							

Length of Training Program 10 1/2 months (2100 hrs) Average Enrollment: Men none Women 60 Total Capacity 100No. of Students aged: 19 or under 90 % 20-24 5% 25-29 3% 30 or over 2%Tuition: Total \$400 includes books & kit Monthly Basis \$30.00 per month Payment Plan \$100 down \$30 per monthBooks Theory of Cosmetology Materials Kit of instruments furnished by School Other Required Costs noneEstimated minimum total cost to complete program \$ \$1000High School Diploma Required: Yes X No Pre-requisite courses required noneSpecific Pre-requisite Courses recommended art, biology, chemistryPre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Technical Institute - Iowa State University

Street _____

City Ames, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 294-1238 Area Code 515 Administrator H.B. EllisSponsor or Owner State of IowaSchool Accredited by NCA and 3 programs by ECPDApplication for admission mailed to: Name Mr. Wayne DeVaul Title Director of AdmissionsFee required with enrollment application: Amount \$10.00 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____Dates student may begin classes: September 7, 1966School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting No one Address Address

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When after admissionBy whom tested Dr. Martin Fritz Position Director, Student Counseling, SVPersonal interview required: Yes _____ No X When _____

By whom tested _____ Position _____

Graduate placement service: Yes X No _____ Person or agency responsible Prof. L.R. HillyardStudent, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home 6 % School owned 50 % YMCA/YWCA 1 % Private home 10 %Public facilities 25 % Private rooming house 6 % Other 2 %Financial aids available: Loans _____ Workstudy X Scholarship X Other _____Monthly room and board cost: \$245/quarter Admission Fee: \$115/quarterApplication for financial aid required: Yes X No _____ Deadline Date 10 daysDirector of financial aid E.P. SwansonTuition refund policy and schedule 10% for each week of the quarter remaining but no refund after the fifth week of the quarter.

SPECIFIC TRAINING PROGRAMS

Technical Institute - Iowa State University

PROGRAM Chemical Industries Technology STARTING DATE Sept. 7, 1966

Basic Subject Taught (names)	Math	Physics	English	Drawing	Chem.	Ind. Adm.	Speech	C. I. T.
No. different Subject Levels	4	3	3	3	5	1	1	10
Credit								
Total Hours of Class Training	17	12	9	8	20	3	2	34
Minimum Requirement to Receive Credit	D	D	D	D	D	D.	D	D

Note: A cumulative average of C is necessary for graduation

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Two years (18 months) Total Capacity 25 (first year)

Average Enrollment: Men 20 Women 0 1st Term Students 11 Other Than 1st Term Students 9

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$115/quarter Monthly Basis does not apply Payment Plan does not apply

Other Fees _____ Books *purchased each qu. Materials _____ *Equipment drawing equip. & sliderule

Pre-requisite courses required high school graduate; 1½ units algebra; 1 unit geometry

Specific Pre-requisite Courses recommended Eng., trig., physics and chem.

Pre-enrollment or Placement test: Yes X No _____ Tests Used MSAT, math, English

* prices for books vary--depends on quarter-average \$25 per quarter---slide rules and drawing equip will cost around \$50. CP 41490 8/66

SPECIFIC TRAINING PROGRAMS

Technical Institute - Iowa State University

PROGRAM Electronics Technology STARTING DATE Sept. 7, 1966

	Math	Physics	English	Drawing	Ind. Adm.	Speech	E. Tech.	
Basic Subject Taught (names)								
No. different Subject Levels	4	2	3	2	2	1	15	
Total Hours of Class Training	17	9	9	6	6	3	60	
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	

Note: a cumulative average of C is needed for graduation

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years (18 months) Total Capacity 75 (first year)

Average Enrollment: Men 112 Women 0 1st Term Students 70 Other Than 1st Term Students 42

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$115/quarter Monthly Basis D.N.A. Payment Plan D.N.A.

Other Fees \$35.00 special proj. Books *purchased each quarter Materials _____ Equipment drawing equip. & sliderule

Pre-requisite courses required high school graduate; 1½ units algebra; 1 unit geometry

Specific Pre-requisite Courses recommended Engl. trig., physics and chemistry

Pre-enrollment or Placement test: Yes X No _____ Tests Used MSAT, Math, English

*prices for books-- average \$25 per quarter; drawing equipment will cost around \$50.

SPECIFIC TRAINING PROGRAMS

Technical Institute - Iowa State University

PROGRAM Construction Technology STARTING DATE Sept. 7, 1966

Basic Subject Taught (names)	Math	Physics	English	Drawing	Ind. Ad.	Speech	Applies Mechanics	E. Tch.
No. different Subject Levels	5	2	3	3	1	1	5	1
Credit Total Hours of Class Training	18	8	9	12	3	3	17	4
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Note: a cumulative average of C is necessary for graduation

Basic Subject Taught (names)	C. Tec.						
No. different Subject Levels	1						
Total Hours of Class Training	42						
Minimum Requirement to Receive Credit	D						

Length of Training Program 2 years (20 months) Total Capacity 50 (first year)

Average Enrollment: Men 67 Women 0 1st Term Students 39 Other Than 1st Term Students 28

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$115/quarter Monthly Basis D.N.A. Payment Plan D.N.A.

Other Fees _____ Books *purchased each qut. Materials _____ Equipment drawing & Slide rule

Pre-requisite courses required high school graduate; 1½ units algebra; 1 unit geometry

Specific Pre-requisite Courses recommended Eng., Trig, physics and chemistry

Pre-enrollment or Placement test: Yes SX No _____ Tests Used MSAT, math, English

*prices for books vary--depends on quarter--average \$25 per quarter---slide rule and drawing equip will cost around \$50. CP 41490 8/

SPECIFIC TRAINING PROGRAMS

Technical Institute - Iowa State University

PROGRAM Mechanical Technology **STARTING DATE** Sept. 7, 1966

Basic Subject Taught (names)	Math	Mec. Tech.	Physics	English	Drawing	Ind. Adm.	Speech	E. Tech
No. different Subject Levels	5	11	3	3	4	2	1	1
Total Hours of Class Training	18	37	12	9	11	6	3	4
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Note: a cumulative average of C is necessary for graduation

Basic Subject Taught (names)	Applied Mechanics						
No. different Subject Levels	2						
Total Hours of Class Training	8						
Minimum Requirement to Receive Credit	D						

Length of Training Program two years (18)months Total Capacity 60 first year

Average Enrollment: Men 98 Women 0 1st Term Students 55 Other Than 1st Term Students 43

No. of Students aged 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$115/quarter Monthly Basis D.N.A. Payment Plan D.N.A.

Other Fees _____ Books *purchased each quarter Materials _____ Equipment drawing equip.
slide rule

Pre-requisite courses required high school graduate; 1½ units of algebra; 1 unit of geo.

Specific Pre-requisite Courses recommended Eng., trig., physics and chemistry

Pre-enrollment or Placement test: Yes X No _____ Tests Used MSAT, MATH, Eng.

*Prices vary for books--average \$25 per quarter; drawing equip will cost around \$50.

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SPECIALIZED SCHOOL NAME Iowa Success School
 Street 121 East Second Street
 City Ottumwa, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 682-0549 Area Code 515 Administrator Ralph E. Aanestad
 Sponsor or Owner Ralph E. Aanestad
 School Accredited by Application for accreditation in hands of Accrediting Agency for Business Schools
 Application for admission mailed to: Name Iowa Success School Title _____
 Fee required with enrollment application: Amount \$12.50 Refundable: Yes _____ No _____
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Varies but usually best about March 1, June 1, September 1, December 1
 School visitation: Recommended X Required X Includes: Parents X Students X Counselors X
 Persons responsible for contacting NONE as a rule except when Address Iowa Success School
 Prospective Students: busy or on vacation. Better Address 121 East Second Street
to call or drop us a line, Address Ottumwa, Iowa
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When _____
 By whom tested Ralph Aanestad or assistant Position President or his assistant
 Personal interview required: Yes X No _____ When before application may be made
 By whom tested Ralph Aanestad or assistant Position President or his assistant
 Graduate placement service: Yes X No _____ Person or agency responsible School Bureau
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible School Bureau
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 90 % School owned _____ % YMCA/YWCA 5 % Private home 5 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans some Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: \$60 to \$75 Admission Fee: none after registration fee
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid none other than Mr. Aanestad
 Tuition refund policy and schedule None for current month but all advance payments refunded on pro-rated basis at
\$15 per week.

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Higher Accounting and Business Administration **STARTING DATE** March, June, September, December

Basic Subject Taught (names)	Auditing	Cost Accounting	Income Tax	Corp. Accounting	Partner Accounting	Prop. Accounting	Typing	Grammar
No. different Subject Levels	1	1	1	1	1	1	5	1
Total Hours of Class Training	144	108	108	108	108	108	72 to 360	54
Minimum Requirement to Receive Credit	80%	80%	80%	Test or 80%	Test or 80%	Test or 80%	35 wpm	80%

Basic Subject Taught (names)	Spelling	Machines						
No. different Subject Levels	1	1						
Total Hours of Class Training	36	72						
Minimum Requirement to Receive Credit	80%	80%						

Length of Training Program 72 weeks Total Capacity 30 to 40

Average Enrollment: Men 15 Women 10 1st Term Students 10 Other Than 1st Term Students 15

No. of Students aged: 19 or under 3 20-24 15 25-29 3 30 or over 4

Tuition: Total \$1,080 Monthly Basis \$60 Payment Plan none other

Other Fees \$12.50 Registration Books \$95 Materials Equipment

Pre-requisite courses required none

Specific Pre-requisite Courses recommended None other than general business, bookkeeping, typing, shorthand

Pre-enrollment or Placement test: Yes X No Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Junior Accounting STARTING DATE March, June, September, December

	Cost Accounting	Income Tax	Corp Accounting	Partner Accounting	Prop Accounting	Typing	Grammar	Spelling
Basic Subject Taught (names)								
No. different Subject Levels	1	1	1	1	1	5	1	1
Total Hours of Class Training	108	108	108	108	108	72 to 360	54	36
Minimum Requirement to Receive Credit	80%	80%	Test or 80%	Test or 80%	Test or 80%	35 wpm	80%	80%

	Machines						
Basic Subject Taught (names)							
No. different Subject Levels	1						
Total Hours of Class Training	144						
Minimum Requirement to Receive Credit	80%						

Length of Training Program 60 weeks Total Capacity 30 to 40

Average Enrollment: Men 15 Women 15 1st Term Students 15 Other Than 1st Term Students 15

No. of Students aged: 19 or under 1 or 2 20-24 20 25-29 5 30 or over 3

Tuition: Total \$900 Monthly Basis \$60 Payment Plan none other

Other Fees \$12.50 registration Books \$85 Materials Equipment

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none other than general business, bookkeeping, typing, shorthand

Pre-enrollment or Placement test: Yes X No Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Executive Secretarial STARTING DATE March, June, September, December

Basic Subject Taught (names)	Shorthand 1 and 2	Dictation 1 and 2	Dictaphone	Grammar Off Prac	Letter Writing	Secretarial Accounting	Spelling	Typing
No. different Subject Levels	2	2	1	1	1	1	1	5
Total Hours of Class Training	108-90	90-90	36	54-54	54	108-108	36	360
Minimum Requirement to Receive Credit	80%	60 wpm 80 wpm	25 wpm	80%	80%	Test or 80%	80%	50 wpm

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 60 weeks Total Capacity 20 to 30

Average Enrollment: Men _____ Women 15 1st Term Students 10 Other Than 1st Term Students 5

No. of Students aged: 19 or under 5 20-24 8 25-29 30 30 or over 2

Tuition: Total \$900 Monthly Basis \$60 Payment Plan none

Other Fees registration \$12.50 Books \$85 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Grammar, typing, shorthand, bookkeeping, machines, office practice

Pre-enrollment or Placement test: Yes X No _____ Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Stenographic Secretarial STARTING DATE March, June, September, December

Basic Subject Taught (names)	Shorthand 1 and 2	Dictation 1 and 2	Dictaphone	Grammar Off. Prac	Letter Writing	Secretary Accounting	Typing	Spelling
No. different Subject Levels	2	2	1	1	1	1	4	1
Total Hours of Class Training	108-90	90-90	36	54-54	54	108	288	36
Minimum Requirement to Receive Credit	80%	60 wpm 80 wpm	25 wpm	80%	80%	Test or 80%	40 wpm	80%

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 48 weeks Total Capacity 20 to 30

Average Enrollment: Men _____ Women 20 1st Term Students 12 Other Than 1st Term Students 8

No. of Students aged: 19 or under 5 ³⁰
20-24 18 25-29 _____ 30 or over 5

Tuition: Total \$720 Monthly Basis \$60 Payment Plan _____

Other Fees Registration \$12.50 Books \$70 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Shorthand, typing, and any other business training

Pre-enrollment or Placement test: Yes X No _____ Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Stenographic STARTING DATE March, June, September, December

Basic Subject Taught (names)	Shorthand 1 and 2	Dictation 1	Grammar	Letter Writing	Machines	Typing	Spelling	
No. different Subject Levels	2	2	1	1	1	3	1	
Total Hours of Class Training	108-90	90	54	54	72	216	36	
Minimum Requirement to Receive Credit	80%	60 wpm	80%	80%	80%	40 wpm	80%	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 15

Average Enrollment: Men _____ Women 5 1st Term Students _____ Other Than 1st Term Students 5

No. of Students aged: 19 or under 1 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$540 Monthly Basis \$60 Payment Plan _____

Other Fees Registration \$12.50 Books \$55 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Shorthand, typing, other business subjects

Pre-enrollment or Placement test: Yes X No _____ Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM Comptometer

STARTING DATE March, June, September, December

Basic Subject Taught (names)	Comptometer	Typing	Arith	Accounting			
No. different Subject Levels	1	2	1	1			
Total Hours of Class Training	216	144	54	108			
Minimum Requirement to Receive Credit	80%	40 wpm	80%	Test or 80%			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 24 weeks Total Capacity 10

Average Enrollment: Men 5 Women 5 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under _____ 20-24 8 25-29 2 30 or over _____

Tuition: Total \$480 Monthly Basis \$60 Payment Plan _____

Other Fees Registration \$12.50 Books \$60 Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Typing, adding machines

Pre-enrollment or Placement test: Yes X No _____ Tests Used our own

SPECIFIC TRAINING PROGRAMS

Iowa Success School

PROGRAM I. B. M. Package STARTING DATE March, June, September, December

Basic Subject Taught (names)	IBM Key Punch	Comptometer	Accounting	Typing				
No. different Subject Levels	1	1	1	1				
Total Hours of Class Training	60 to 80	216	108	72				
Minimum Requirement to Receive Credit	Test or 80%	Test	Test or 80%	35 wpm				

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 12 weeks Total Capacity 9

Average Enrollment: Men 1 Women 8 1st Term Students 9 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 4 or 5 25-29 4 or 5 30 or over usually none

Tuition: Total \$315 Monthly Basis _____ Payment Plan _____

Other Fees Registration \$12.50 Books \$.77 Materials \$20 to \$25 Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used IBM Key Punch Test and our own

SPECIALIZED SCHOOL NAME Jennie Edmundson Memorial Hospital
School of Nursing
 Street Oak and Pierce Streets
 City Council Bluffs, Iowa 51501

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 322-0231 Area Code 712 Administrator Miss Margie M. Janssen
Director of Nursing Education

Sponsor or Owner Women's Christian Association

School Accredited by Iowa State Board of Nursing and National League for Nursing, Inc.

Application for admission mailed to: Name Jennie Edmundson School of Nursing Title Director of Nursing

Fee required with enrollment application: Amount \$5.00 Refundable: Yes No X

Is fee applied toward tuition and other charges: Yes No X

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes X No High School recommendation: Requested Required X

Dates student may begin classes: Annually in September

School visitation: Recommended Required X Includes: Parents X Students X Counselors

Persons responsible for contacting Faculty members available to attend Address Jennie Edmundson School of Nursing

Prospective Students: Career Days or Future Nurses' Clubs Address Oak and Pierce Streets

Address Council Bluffs, Iowa 51501

Compensated by: Straight Salary Commission Salary plus commission Other: mileage

Entrance Testing required: Yes X No When Previous to acceptance

By whom tested University of Omaha Position Academic Testing & Counseling Div.

Personal interview required: Yes X No When Previous to acceptance

By whom tested Director of Nursing or designate Position

Graduate placement service: Yes No X Person or agency responsible Other: Hospital will hire all students who desire to

Student, part time work, placement service: Yes No stay in area

Person or agency responsible

First term progress report sent to: Parents X Students High School Other

Students live: At home 8 % School owned 92 % YMCA/YWCA % Private home %

Public facilities % Private rooming house % Other %

Financial aids available: Loans X Workstudy Scholarship X Other

Monthly room and board cost: No monthly, but approximately \$200 last year* Admission Fee: \$25.00

Application for financial aid required: Yes No Deadline Date *(meals only)

Director of financial aid Chief Accountant

Tuition refund policy and schedule "Students who resign from the school or who are requested to resign after the beginning of a term are not entitled to a refund of tuition, fees, or other charges or assessments. Tuition or fees which are paid in advance for succeeding terms will be refunded in full at time of withdrawal."

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Jennie Edmundson Memorial Hospital School for Nursing

PROGRAM Professional Nurses Training STARTING DATE Annually in September -----

Basic Subject Taught (names)	Science	English	Pers. Dev., Psych & Sociology	Intro. to Nursing	Nursing II	Nursing III	Nursing Specialties O.R., Psych., Math, & Child Health
No. different Subject Levels	2	1	2	1	1	1	2
Total Hours of Class Training	260	48	128	80	214	162	530
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 months Total Capacity 70

Average Enrollment: Men 1 Women 63 1st Term Students 22 Other Than 1st Term Students 42

No. of Students aged: 19 or under 22 20-24 42 25-29 _____ 30 or over _____

Tuition: Total \$903 Omaha U. Monthly Basis May be arranged Payment Plan Yes

\$120 JEMH

Other Fees \$101 Books \$150 Materials Uniforms \$93 Equipment Health Ins. \$174

Pre-requisite courses required English--3-4 units; Science: 2-4 units; Math: 2-4 units; Electives: 4-9 units.

Specific Pre-requisite Courses recommended Chemistry in college prep. program.

Pre-enrollment or Placement test: Yes X No _____ Tests Used University of Omaha Test Battery plus ACT

SPECIALIZED SCHOOL NAME Lamb Welding Supply CompanyStreet 714 1st St., N.W.City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 365-1456 Area Code 319 Administrator L. B. LambSponsor or Owner L. B. Lamb

School Accredited by _____

Application for admission mailed to: Name Same as above Title same as aboveFee required with enrollment application: Amount \$250 Refundable: Yes X No _____Is fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes _____ No X High School recommendation: Requested NO Required _____Dates student may begin classes: Day classes--every Monday; Night classes--five times a year, Jan. & Oct.School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting L. B. Lamb Address Same as above

Prospective Students: _____ Address _____

Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When _____By whom tested L. B. or Helen Lamb Position Owner and manager, respectivelyGraduate placement service: Yes X No _____ Person or agency responsible L. B. LambStudent, part time work, placement service: Yes X No _____Person or agency responsible L. B. LambFirst term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 60 % School owned _____ % YMCA/YWCA 10 % Private home 30 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____Monthly room and board cost: Approx. \$150 Admission Fee: NoApplication for financial aid required: Yes X No _____ Deadline Date Friday before entranceDirector of financial aid Landis Loan CompanyTuition refund policy and schedule Refund made in cases of illness

SPECIFIC TRAINING PROGRAMS

Lamb Welding Supply, Inc.

PROGRAM Welding--all positions STARTING DATE Every day

Basic Subject Taught (names)	Arc welding--all positions; includes 2 hours of acetylene cutting						
No. different Subject Levels	One						
Total Hours of Class Training	120 hours or more; book work is done at home						
Minimum Requirement to Receive Credit	Must pass the final test of all position welding						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 120 hours Total Capacity 8

Average Enrollment: Men 6 Women _____ 1st Term Students 6 Other Than 1st Term Students _____

No. of Students aged: 19 or under 10% 20-24 30% 25-29 50% 30 or over 10%

Tuition: Total \$250 plus supplies Monthly Basis none Payment Plan Available through
(approx. \$330 total) Landis Loan Co.

Other Fees None Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used N.A.

SPECIALIZED SCHOOL NAME Larson School of Hairstyling
 Street 203¹/₂ Grand Avenue
 City Spencer, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 262-5588 Area Code 51301 Administrator Allene E. Gardner
 Sponsor or Owner Mrs. Marilyn Rentz, Mr. Ernest Larson
 School Accredited by National Association
 Application for admission mailed to: Name Allene E. Gardner Title Manager
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes No X High School recommendation: Requested Required No
 Dates student may begin classes: Any Monday morning
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Allene E. Gardner Address 107 W. Park Street
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested Allene E. Gardner Position Registrar
 Graduate placement service: Yes X No Person or agency responsible Larson School of Hairstyling
 Student, part time work, placement service: Yes X No
 Person or agency responsible Allene E. Gardner
 First term progress report sent to: Parents Students X High School Other State
 Students live: At home 50 % School owned 10 % YMCA/YWCA 00 % Private home 00 %
 Public facilities 00 % Private rooming house 30 % Other 10 %
 Financial aids available: Loans X Workstudy Scholarship Other
 Monthly room and board cost: Room \$24.00 per month Admission Fee: None
 Application for financial aid required: Yes X No Deadline Date None
 Director of financial aid Allene E. Gardner
 Tuition refund policy and schedule Charge \$36.00 per week when student is in attendance, Balance refunded

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Larson School of Hairstyling

PROGRAM Cosmetology STARTING DATE Any Monday morning

Basic Subject Taught (names)	Ethics	Sterilization	HC	Perm. Wav.	Sh. & Sets	Iowa law	Anatomy	Salesmanship
No. different Subject Levels								
Total Hours of Class Training	100	100	400	600	600	100	100	100
Minimum Requirement to Receive Credit	100	100	400	600	600	100	100	100

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10½ Months Total Capacity 66

Average Enrollment: Men 7% Women 92% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 45 20-24 13 25-29 2 30 or over 2

Tuition: Total \$390.00 Monthly Basis \$440.00 Payment Plan _____

Other Fees _____ Books _____ Materials \$10.00 Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology & Chemistry

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Lincoln Technical Institute of Des Moines, Inc.
 Street 1326 Walnut
 City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 244-2265 Area Code 515 Administrator Martin B. Van Slyke
 Sponsor or Owner Martin B. Van Slyke
 School Accredited by National Association of Trade & Technical Schools; States of New Jersey, Maryland and Pennsylvania
 Application for admission mailed to: Name School Title _____
 Fee required with enrollment application: Amount \$65 and \$50 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____
 Dates student may begin classes: Approx. every 5-6 weeks
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting _____ Address _____
 Prospective Students: Joseph M. Stamper Address 2902 Cottage Grove, D.M., Ia.
 _____ Address _____
 Compensated by: Straight Salary _____ Commission X Salary plus commission _____
 Entrance Testing required: Yes X No _____ When At time of application
 By whom tested Company representative Position _____
 Personal interview required: Yes X No _____ When At time of enrollment
 By whom tested Company representative Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible staff
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Mrs. Janet Kobylasz - Secretary
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 71 % School owned _____ % YMCA/YWCA _____ % Private home 8 %
 Public facilities _____ % Private rooming house 21 % Other _____ %
 Financial aids available: Loans pending Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: not known Admission Fee: none
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid None
 Tuition refund policy and schedule Of students should interrupt prior to graduation or is discontinued by the school, all unearned tuition will be refunded on a pro rata basis.

SPECIFIC TRAINING PROGRAMS

Lincoln Technical Institute of Des Moines, Inc.

PROGRAM Master Mechanics STARTING DATE Every 5-6 weeks

Basic Subject Taught (names)	Auto Engines	Auto Fuel System	Auto Electric Two Levels	Auto Power Train	Auto Chasis	Shop Procedures		
No. different Subject Levels								
Total Hours of Class Training	100	100	200	100	100	40		
Minimum Requirement to Receive Credit	100	100	200	100	100	40		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 32 wks - days; 50 wks - evenings Total Capacity 24/class

Average Enrollment: Men X Women 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 42 20-24 14 25-29 2 30 or over 2

Tuition: Total \$800 Monthly Basis \$100/mo. Payment Plan \$25/week-days

\$16/week-nights

Other Fees none Books none Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No Tests Used The Psychological Corp. Mechanical Aptitude Test

SPECIFIC TRAINING PROGRAMS

Lincoln Technical Institute of Des Moines, Inc.

Every 10 weeks - day schedule

PROGRAM Automatic Transmission

STARTING DATE Every 25 weeks - evening schedule

Basic Subject Taught (names)	Automatic Trans.						
No. different Subject Levels	Two Levels						
Total Hours of Class Training	200						
Minimum Requirement to Receive Credit	200						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10 weeks - days. 25 weeks - nights Total Capacity 24/class

Average Enrollment: Men X Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$400 Monthly Basis _____ Payment Plan \$25/week-days

\$16/week-nights

Other Fees none Books none Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used The Psychological Corp. Mechanical Aptitude Test

SPECIALIZED SCHOOL NAME LINCOLN TECHNICAL INSTITUTE OF DES MOINES, INCORPORATED

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Street 1326 Walnut StreetCity Des Moines, IowaZIP CODE 50309Administrator Martin B. Van SlykeArea Code 515Telephone 244-2265Sponsor or Owner Martin B. Van SlykeSchool Accredited by NoneApplication and information secured from: Name Mrs. Janet KobylaszTitle Admissions OfficeApplication for admission submitted to: Name Martin B. Van SlykeTitle Managing DirectorAdmission Fee: \$ NoneIs the fee applied toward tuition and other charges: Yes No NAFee required with enrollment application: Amount \$65.00Is the fee applied toward tuition and other charges: Yes No XXNotification of acceptance: To student XXTo parent XXTo high school High school transcript required: Yes No XXHigh School recommendation: Requested YesRequired School visitation: Recommended YesRequired NoIncludes: Parents YesStudents YesCounselors YesYesPersons responsible for contacting Address prospective students: Joseph M. StamperAddress Des Moines, IowaCompensated by: Straight Salary Commission XXSalary plus commission Entrance Testing required: Yes XX No When At time of applicationBy whom tested Staff MemberPosition Interview conducted by: Staff MemberPosition When: At time of enrollmentGraduate placement service: Yes XX No Person or agency responsible Martin B. Van SlykeStudent, part time work, placement service: Yes XX No Person or agency responsible Mrs. Janet KobylaszFirst term progress report sent to: Parents XXStudents XXHigh School Other Students live: At home 40% %School owned %YMCA/YWCA 3% %Private home 20% %Public facilities %Private rooming house 37% %Other %Average monthly room and board cost: \$65-70Financial aids available: Institutional Loans \$ Bank Plan Workstudy \$ NoneScholarship \$ NoneGrants \$ NoneApplication for financial aid submitted to (person): Martin B. Van SlykeDeadline date for financial aid None

Tuition refund policy and schedule If a student terminates training for any reason whatsoever prior to course completion, all unearned tuition is refunded on a pro-rata basis. The enrollment fee of \$65.00, which is non-refundable, is good permanently. A student in good standing that interrupts his training for any reason, may return at any time in the future and continue his training.

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes No X Not Applicable

Approved for Veterans Educational Benefits effective July 10, 1967. Chapter #36, Title #38, U. S. Code.

SPECIALIZED SCHOOL NAME LINCOLN TECHNICAL INSTITUTE OF DES MOINES, INC.ADDRESS 1326 Walnut Street, Des Moines, IowaSpecific Training Program Master Mechanics Starting Date(s) Every 5 weeks

Basic Subject Taught (names)	Automotive Engines	Automotive Fuel Syst.	Automotive Electrical	Automotive Power Trains	Automotive Chassis	Automatic Transmission	Shop Procedures	
No. different Subject Levels			(2)			(2)		
Total Hours of Class Training and shop	100	100	200	100	100	200	40	
Minimum Requirement to Receive Credit	100	100	200	100	100	200	40	

NOTE: -- Students in good standing that have completed the course of instruction, but who have failed one or more of the above phases, may repeat these phases at no additional expense.

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 42 weeks Average Enrollment: Men 70 Women _____ Total Capacity 200No. of Students aged: 19 or under 90% 20-24 10% 25-29 --- 30 or over ---Tuition: Total \$1,050.00 Monthly Basis \$100.00 per month Payment Plan \$25.00 per weekBooks included in tuition Materials included Equipment supplied Other Required Costs NoneEstimated minimum total cost to complete program \$ 1,115.00 -- not including board and roomHigh School Diploma Required: Yes _____ No XXPre-requisite courses required NoneSpecific Pre-requisite Courses recommended High School Automotive Mechanical shop workPre-enrollment or Placement test: Yes XX No _____ Tests Used The Psychological Corporation Mechanical Aptitude Test

SPECIALIZED SCHOOL NAME LINCOLN TECHNICAL INSTITUTE OF DES MOINES, INC.

ADDRESS 1326 Walnut Street, Des Moines, Iowa

Specific Training Program Automatic Transmissions Starting Date(s) Every 10 weeks

Basic Subject Taught (names)	Automatic Transmissions						
No. different Subject Levels	Two Levels						
Total Hours of Class Training	200						
Minimum Requirement to Receive Credit	200						

NOTE: -- Students in good standing that have completed the course of instruction, but who have failed one or more of the above phases, may repeat these phases at no additional expense.

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10 weeks Average Enrollment: Men 20 Women Total Capacity 24/class maximum

No. of Students aged: 19 or under 90% 20-24 10% 25-29 30 or over

Tuition: Total \$400.00 Monthly Basis Payment Plan \$40.00 per week

Enrollment Fee \$ 50.00

Books included in tuition Materials included Equipment supplied Other Required Costs None

Estimated minimum total cost to complete program \$ 450.00

High School Diploma Required: Yes No XX

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High school Automotive Mechanics shop or equivalent in experience

Pre-enrollment or Placement test: Yes XX No Tests Used The Psychological Corporation Mechanical Aptitude Test

SPECIALIZED SCHOOL NAME LINCOLN TECHNICAL INSTITUTE OF DES MOINES, INC.ADDRESS 1326 Walnut Street, Des Moines, IowaSpecific Training Program Automotive Tune-upStarting Date(s) Every 15 weeks

Basic Subject Taught (names)	Automotive Fuel Syst.	Automotive Electrical						
No. different Subject Levels	Two	Levels						
Total Hours of Class Training	100	200						
Minimum Requirement to Receive Credit	100	200						

NOTE: -- Students in good standing that have completed the course of instruction, but who have failed one or more of the above phases, may repeat these phases at no additional expense.

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 15 weeks Average Enrollment: Men 20 Women _____ Total Capacity 24/class maximumNo. of Students aged: 19 or under 90% 20-24 10% 25-29 _____ 30 or over _____Tuition: Total \$400.00 Monthly Basis _____ Payment Plan \$25.00 p/weekEnrollment Fee \$50.00Books Included in tuition Materials Included Equipment supplied Other Required Costs NoneEstimated minimum total cost to complete program \$ 450.00High School Diploma Required: Yes _____ No XXPre-requisite courses required NoneSpecific Pre-requisite Courses recommended High school Automotive Mechanics shop or equivalent in experiencePre-enrollment or Placement test: Yes XX No _____ Tests Used The Psychological Corporation Mechanical Aptitude Test

SPECIALIZED SCHOOL NAME Lutheran School of Nursing
 Street 2700 Pierce Street
 City Sioux City, Iowa 51104

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 252-1821 Area Code 712 Administrator Robert F. Peck
 Sponsor or Owner Lutheran Hospital Association
 School Accredited by National League for Nursing and Iowa Board of Nursing
 Application for admission mailed to: Name Miss Gladys M. Holm, R.N. Title Director - School of Nursing
 Fee required with enrollment application: Amount none required Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required X
 Dates student may begin classes: September of each year
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Director, School of Nursing Address 2700 Pierce, Sioux City
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes X No When any time during senior year
 By whom tested Morningside College Registrar, NLN Position
 Personal interview required: Yes X No When Upon receipt of NLN results & high school transcript
 By whom tested Position
 Graduate placement service: Yes X No Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home % School owned 99 % YMCA/YWCA % Private home %
 Public facilities % Private rooming house 1 % Other %
 Financial aids available: Loans X Workstudy Scholarship X Other
 Monthly room and board cost: maintenance fee Admission Fee: \$10
 Application for financial aid required: Yes X No Deadline Date August, first of school year
 Director of financial aid business manager of the hospital
 Tuition refund policy and schedule No refund on fee or tuition

SPECIFIC TRAINING PROGRAMS

Luthern School of Nursing

PROGRAM three year diploma STARTING DATE September of each year

Basic Subject Taught (names)	General Education		Scientific Education		Nursing Education	
No. different Subject Levels	5		4		9	
Total Hours of Class Training	260		245		803	
Minimum Requirement to Receive Credit	Passing grades		Passing grades		Passing grades	

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program three years Total Capacity 20-26 per year

Average Enrollment: Men 2 Women 20 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under freshmen (26) 20-24 Jr-Sr (36) 25-29 _____ 30 or over _____

Tuition: Total \$750 + college \$560 Monthly Basis (36) Payment Plan per semester

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required English 4 years, science 2 years, math 2 years, social 3 years

Specific Pre-requisite Courses recommended chemistry 2 semesters

Pre-enrollment or Placement test: Yes X No _____ Tests Used NLN and/or ACT

SPECIALIZED SCHOOL NAME MASON CITY SCHOOL OF COSMETOLOGYStreet 221 NORTH FEDERALCity MASON CITY, IOWA 50501
ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator DOROTHY CURTIS Area Code 515 Telephone 423-1305Sponsor or Owner DOROTHY CURTIS & LUCILLE NIELSENSchool Accredited by STATE DEPT. OF HEALTH OF IOWAApplication and information secured from: Name DOROTHY CURTIS Title CO-OWNER

Application for admission submitted to: Name _____ Title _____

Admission Fee: \$ NONE Is the fee applied toward tuition and other charges: Yes _____ No _____Fee required with enrollment application: Amount NONE Is the fee applied toward tuition and other charges: Yes _____ No _____Notification of acceptance: To student X To parent _____ To high school _____High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____

Persons responsible for contacting _____ Address _____

prospective students: _____ Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Interview conducted by: _____ Position _____

When: _____

Graduate placement service: Yes X No _____ Person or agency responsible THE SCHOOLStudent, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home 5 % School owned _____ % YMCA/YWCA 10 % Private home _____ %Public facilities _____ % Private rooming house 85 % Other _____ %Average monthly room and board cost: rooms \$40.00 monthly, board ?

Financial aids available: Institutional Loans \$ _____ Workstudy \$ _____ Scholarship \$ _____ Grants \$ _____

Application for financial aid submitted to (person): _____ Deadline date for financial aid _____

Tuition refund policy and schedule Any student who terminates before completing the full course of 2100 hours willbe charged tuition at the rate of 60 cents per hour. All unused tuition paid in advance will be refunded.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No _____

SPECIALIZED SCHOOL NAME MASON CITY SCHOOL OF COSMETOLOGY

ADDRESS 221 NORTH FEDERAL, MASON CITY, IOWA

Specific Training Program COSMETOLOGY Starting Date(s) JUNE, SEPTEMBER & FEB.

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program 2100 hours Average Enrollment: Men 1 Women 45 Total Capacity 70

No. of Students aged: 19 or under about 95% 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total Cash \$400.00, Time \$450.00 Monthly Basis \$45.00 Payment Plan Tuition to be

paid before student graduates.

Books tuition includes books, etc. Materials _____ Equipment _____ Other Required Costs none

Estimated minimum total cost to complete program \$ Tuition plus room & board

High School Diploma Required: Yes _____ No X

Pre-requisite courses required no

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Mercedian School of Practical Nursing
 Street 1209 West State Street
 City Marshalltown, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 753-6661 Area Code 515 Administrator Sister Alice Marie, R.S.M.
 Sponsor or Owner Mercy Hospital
 School Accredited by Iowa Board of Nursing
 Application for admission mailed to: Name Sister Alice Marie, R.S.M. Title Director of School
 Fee required with enrollment application: Amount _____ Refundable: Yes _____ No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September class each year
 School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____
 Persons responsible for contacting Sister Alice Marie, R.S.M. Address 1209 West State St.
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Schedule sessions beginning in Feb.
 By whom tested Faculty member Position Instructor
 Personal interview required: Yes X No _____ When At time of pre-test
 By whom tested Faculty Position _____
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Mercy Hospital
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 15 % School owned 75 % YMCA/YWCA _____ % Private home 10 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship XX Other _____
 Monthly room and board cost: \$50 Admission Fee: \$10
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Mercedian School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE 3rd week in Sept.

Basic Subject Taught (names)	Fundamentals of Nursing	Body Structure & Function	Family Living	Nutrition	Nursing care of adults	Nursing care of children	Nursing care of mothers & infants	Nursing care of the aged
No. different Subject Levels								
Total Hours of Class Training	180	60	24	36	72	32	32	18
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Nursing care of mentally ill	First Aid						
No. different Subject Levels								
Total Hours of Class Training	12	10						
Minimum Requirement to Receive Credit								

Length of Training Program one year Total Capacity _____

Average Enrollment: Men _____ Women 25 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 14 20-24 9 25-29 _____ 30 or over _____

Tuition: Total \$250 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books Approx. \$30 Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used PAGE Otis I Q Test

SPECIALIZED SCHOOL NAME Mercy Hospital Nursing Technician Program
 Street 835 6th Ave. S. E.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 362-1111 Area Code 319 Administrator Sister Mary Clarence
 Sponsor or Owner Mercy Hospital
 School Accredited by N.A.
 Application for admission mailed to: Name Mr. Riepe Title Personnel Director
 Fee required with enrollment application: Amount none Refundable: Yes N.A. No N.A.
 Is fee applied toward tuition and other charges: Yes N.A. No N.A.
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ No _____ Required No
 Dates student may begin classes: Second Monday in June
 School visitation: Recommended _____ Required X Includes: Parents X Students X Counselors X
 Persons responsible for contacting Mrs. Jan Miller Address Mercy Hospital
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When During interview in Spring
 By whom tested Mrs. Jan Miller Position Ass't Director of Nursing Service
 Personal interview required: Yes X No _____ When March, April, or May
 By whom tested Sister Mary Clarence Position Administrator
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home _____ % School owned * 100 % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans No Workstudy No Scholarship No Other **
 Monthly room and board cost: One, all inclusive fee for 8 wks, Admission Fee: No
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid N.A.
 Tuition refund policy and schedule Progressive scale depending on date of leaving school.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No N.A.

* for eight weeks. The remainder of the term is up to the student.
 ** Students are paid after eight weeks of training.

SPECIFIC TRAINING PROGRAMS

Mercy Hospital Nursing Technician Program

PROGRAM Nursing Technician Program **STARTING DATE** Second Monday in June

Basic Subject Taught (names)	Hospital Orientation	Anatomy	Disease	Body Mechanics	Nursing Care	Clinical Experience	Obstetrical Nursing	Diet
No. different Subject Levels	All same course							
Total Hours of Class Training	5	30	13	3	52	35	2	4
Minimum Requirement to Receive Credit	75% or	D						

Basic Subject Taught (names)	Pediatric Nursing	Geriatric Nursing						
No. different Subject Levels								
Total Hours of Class Training	2	2						
Minimum Requirement to Receive Credit								

Length of Training Program 7 wks. instruction: 12 mo. supervised work experience Total Capacity 50

Average Enrollment: Men None Women 50 1st Term Students 50 Other Than 1st Term Students N.A.

No. of Students aged: 19 or under 50 20-24 none 25-29 none 30 or over none

Tuition: Total \$263 Monthly Basis N.A. Payment Plan N.A.

Other Fees none Books none Materials none Equipment none

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No Tests Used Strong vocational interest.

SPECIALIZED SCHOOL NAME Mercy Hospital School of Nursing
 Street 610 8th Street, S. E.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 362-1111 Area Code 319 Administrator Sister James Marie
 Sponsor or Owner Mercy Hospital
 School Accredited by Iowa State Board of Nursing and National League of Nursing
 Application for admission mailed to: Name Sister James Marie Title Administrator
 Fee required with enrollment application: Amount None Refundable: Yes N/A No N/A
 Is fee applied toward tuition and other charges: Yes N/A No N/A
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X
 Dates student may begin classes: September
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting None designated Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary N/A Commission N/A Salary plus commission N/A
 Entrance Testing required: Yes X No _____ When Dates set up by the National League for Nursing
 By whom tested Sister Mary Georgise Position Registrar, Mount Mercy College
 Personal interview required: Yes X No _____ When Before Final Acceptance
 By whom tested Sister James Marie Position Administrator
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible (Some part-time employment by the hospital)
 First term progress report sent to: Parents X Students X High School On request Other _____
 Students live: At home 3 % School owned 97 % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans Yes Workstudy No Scholarship No Other _____
 Monthly room and board cost: \$405 per semester Admission Fee: \$10
 Application for financial aid required: Yes X No _____ Deadline Date None
 Director of financial aid Sister James Marie
 Tuition refund policy and schedule 75% within 2 weeks after training starts.

SPECIFIC TRAINING PROGRAMS

Mercy Hospital School of Nursing

PROGRAM Diploma Nursing Program STARTING DATE September

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Anatomy Physiology	Micro- Biology	Nutrition	General Psychology	Sociology	Trends in Nursing	English	Christian Doctrine

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Medical Ethics	Introduction	Medical- Surgical	Maternity Nursing	Care of Children	Psychiatric Nursing		

Length of Training Program 27 months Total Capacity 100

Average Enrollment: Men 0 Women 82 1st Term Students 38 Other Than 1st Term Students 44

No. of Students aged: 19 or under 60 20-24 22 25-29 30 or over

Tuition: Total \$1,000 Monthly Basis Arrangements possible Payment Plan by semesters

Other Fees \$52 a year Books \$75 first year Materials none Equipment Uniforms

Pre-requisite courses required Chemistry

Specific Pre-requisite Courses recommended 4 units English, 2-4 units Math, 1 unit Physics, and biology, 2-4 units social studies

Pre-enrollment or Placement test: Yes X No Tests Used NLN Pre-Nursing Test

SPECIALIZED SCHOOL NAME Mercy Hospital School of Nursing
 Street 1165 5th. Ave.
 City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 244-2224 Area Code 50314 Administrator Sister Mary Eileen, R.S.M.
 Sponsor or Owner Sisters of Mercy
 School Accredited by National League for Nursing
 Application for admission mailed to: Name Sister Mary Gervase, R.S.M. Title Director, School of Nursing
 Fee required with enrollment application: Amount \$10 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: September Annually
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____
 Persons responsible for contacting Sister Mary Gervase, R.S.M. Address 1165 5th Avenue
 Prospective Students: Miss Suzanne Mains Address Same
Mrs. Patricia Meintel Address Same
 Compensated by: Straight Salary N.A. Commission _____ Salary plus commission _____
 Entrance Testing required: Yes X No _____ When Nov. Dec Feb. March April
 By whom tested Sister Mary Gervase, R.S.M. Position Director, School of Nursing
 Personal interview required: Yes X No _____ When Prior to acceptance
 By whom tested Sister Mary Gervase, Suzanne Mains Position Director - Instructor
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents X Students X High School _____ Other _____
 Students live: At home 15 % School owned 85 % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: \$40 Admission Fee: _____
 Application for financial aid required: Yes X No _____ Deadline Date July prior to annual school year
 Director of financial aid Mr. Robert Williams
 Tuition refund policy and schedule See bulletin
If a student has paid for the semester, and discontinues shortly after the semester begins, his monies are refunded.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Mercy Hospital School of Nursing

PROGRAM Nursing STARTING DATE September, each year

Basic Subject Taught (names)	Fund. of Nsg.-Anat. & Phy.	Pharm.	Obstet. Nsg.	Nsg. of Children	Psych. Nsg.	Psychol.	Micro. Soc
No. different Subject Levels							
Total Hours of Class Training	460	144	32	112	96	136	32 64 32
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)	Nutrition	Emer. Nsg.	Med. Ethics	Child Develop.	Contemp. Nsg.	Marriage & the Family	English	Religion
No. different Subject Levels								
Total Hours of Class Training	32	16	32	36	32	32	48	42
Minimum Requirement to Receive Credit								

Length of Training Program 3 Academic Years Total Capacity _____

Average Enrollment: Men 3 Women 130 1st Term Students 43 Other Than 1st Term Students 90

No. of Students aged: 19 or under 85 20-24 42 25-29 5 30 or over 1

Tuition: Total \$1270-Drake \$234 Monthly Basis _____ Payment Plan Due beginning of semester
(Board & Room - \$40 per month)

Other Fees \$233 Books Approx. \$121 Materials _____ Equipment _____

Pre-requisite courses required Chemistry

Specific Pre-requisite Courses recommended English - 4 Units - Science - 3 Units - Math - 2 Units - Foreign Lan. - 2 Units - Soc. Sc
2 Units

Pre-enrollment or Placement test: Yes X No _____ Tests Used Psychological Corporation

SPECIALIZED SCHOOL NAME Mercy Hospital School of Radiologic TechnologyStreet 835 6th Ave. S.E.City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Radiologic Dept.

Telephone 362-1111 Area Code 319 Administrator Sister Anne MarieSponsor or Owner Mercy Hospital Hospital Administrator Sister Mary LawrenceSchool Accredited by Council of Medical Ed. & Hospitals of AMAApplication for admission mailed to: Name Sister Anne Marie Title SupervisorFee required with enrollment application: Amount None Refundable: Yes - No -Is fee applied toward tuition and other charges: Yes - No -Notification of acceptance: To student X To parent No To high school No None -High school transcript required: Yes X No - High School recommendation: Requested No Required NoDates student may begin classes: July 1School visitation: Recommended - Required X Includes: Parents Rec. Students Req. Counselors InvitedPersons responsible for contacting Michael Cunningham Address Mercy HospitalProspective Students: Address -Address -Compensated by: Straight Salary X Commission - Salary plus commission -Entrance Testing required: Yes X No - When -By whom tested ACT Position -Personal interview required: Yes X No - When Before acceptanceBy whom tested Sister Anne Marie with Radiologist Position SupervisorGraduate placement service: Yes - No X* Person or agency responsible -Student, part time work, placement service: Yes - No XPerson or agency responsible ---First term progress report sent to: Parents No Students X High School No Other -Students live: At home - % School owned 100 % YMCA/YWCA - % Private home - %Public facilities - % Private rooming house - % Other - %Financial aids available: Loans No Workstudy No Scholarship No Other -Monthly room and board cost: None Admission Fee: NoneApplication for financial aid required: Yes - No - Deadline Date -Director of financial aid -Tuition refund policy and schedule No tuition chargedHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes - No X Does not apply, 303

* A list of vacancies are made available.

SPECIFIC TRAINING PROGRAMS

Mercy Hospital School of Radiologic Technology

PROGRAM Radiologic Technology STARTING DATE July 1

Basic Subject Taught (names)	Anatomy & Physiology	Radiological Physics	Ethics	Nursing & Patient Care	Office Procedures	Medical Terminology	X-Ray Protection	Processive Chemistry Procedures
No. different Subject Levels				ALL SAME COURSE				
Total Hours of Class Training	60	30	5	10	10	30	2	12
Minimum Requirement to Receive Credit	80% is passing							

Basic Subject Taught (names)	Stand. Pos.	Spec. Proced.						
No. different Subject Levels								
Total Hours of Class Training	60	20						
Minimum Requirement to Receive Credit	80% is passing							

Length of Training Program Two years Total Capacity 10

Average Enrollment: Men X* Women 8 1st Term Students 6 Other Than 1st Term Students 2

No. of Students aged: 19 or under 7 20-24 1 25-29 30 or over

Tuition: Total None Monthly Basis Payment Plan

Other Fees Books \$50.00 Materials Uniforms ~~Equipment~~ \$80.00

Pre-requisite courses required Math and Physics

Specific Pre-requisite Courses recommended Typing, Chemistry, Biology

Pre-enrollment or Placement test: Yes X No Tests Used California Capacity Questionnaire

* Few can be accepted if suitable.

SPECIALIZED SCHOOL NAME Mercy Hospital School of X-Ray Technology
 Street Fifth & Ascension Streets
 City Des Moines, Iowa

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Telephone 244-8981 Area Code 515 ~~Administrator~~ DIRECTOR: N. W. Irving, M.D.

Sponsor or Owner Mercy Hospital, as well as the Department of Radiology

School Accredited by Council on Medical Education, American Medical Association

Application for admission mailed to: Name George J. Gott, R. T. (ARRT) Title Chief Technician

Fee required with enrollment application: Amount none Refundable: Yes No

Is fee applied toward tuition and other charges: Yes No

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes X No High School recommendation: Requested Required X

Dates student may begin classes: First Tuesday of each September

School visitation: Recommended X Required Includes: Parents Students X Counselors

Persons responsible for contacting George J. Gott, Chief Technician Address Mercy Hospital, Dept. of Radiology

Prospective Students: Address

 Address

Compensated by: Straight Salary Commission Salary plus commission

Entrance Testing required: Yes No X When

By whom tested Position

Personal interview required: Yes X No When During processing of application

By whom tested N. W. Irving, M.D., & George J. Gott Position School Director & Chief Technician

Graduate placement service: Yes No X Person or agency responsible (Demand has been far greater than supply)

Student, part time work, placement service: Yes No X

Person or agency responsible (This course is full time with participation of call duty)

First term progress report sent to: Parents Students High School Other X

Students live: At home 50 % School owned % YMCA/YWCA % Private home %

Public facilities % Private rooming house % Other 50 %

Financial aids available: Loans Workstudy Scholarship Other

Monthly room and board cost: Furnish own room & board Admission Fee:

Application for financial aid required: Yes No Deadline Date

Director of financial aid

Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Mercy Hospital School of X-Ray Technology

PROGRAM School of X-Ray Technology **STARTING DATE** 1st Tuesday each September

Basic Subject Taught (names)	Physics	Prin. of Rad Exposure	Anatomy & Physiology	Medical Terminology	Radiographic Positioning	Protection	Darkroom Chemistry	Ethics
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit	40 hrs.	30 hrs.	40 hrs.	80 hrs.	60 hrs.	15 hrs.	10 hrs.	4 hrs.

Basic Subject Taught (names)	Nursing Procedure	Film Critique	Special Procedures	Radiation Therapy	Equipment Maintenance	General Review		
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit	10 hrs.	80 hrs.	20 hrs.	10 hrs.	6 hrs.	20 hrs.		

Length of Training Program 2 years Total Capacity 10

Average Enrollment: Men 20% Women 80% 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 90% 20-24 10% 25-29 30 or over

Tuition: Total \$100 Monthly Basis Payment Plan Cash upon entrance

Other Fees Uniforms: \$85 Books \$40 Materials furnished Equipment furnished

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended Science and mathematical background

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Methodist Hospital School of Nursing

Street 29th Douglas

City Sioux City, Iowa

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Telephone 252-2721 Ext 220 Area Code 712 Administrator Roanne Weaver

Sponsor or Owner Board of Hospitals & Homes (Methodist Church)

School Accredited by National League for Nursing

Application for admission mailed to: Name Education Office Title _____

Fee required with enrollment application: Amount none Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student X To parent _____ To high school _____ None _____

High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____

Dates student may begin classes: Only September of every year

School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____

Persons responsible for contacting Not applicable Address _____

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When as specified by NLN

By whom tested Specified college Position _____

Personal interview required: Yes X No _____ When before acceptance

By whom tested Admissions, Promotions & Guidance Com. Position Faculty members

Graduate placement service: Yes _____ No X Person or agency responsible _____

Student, part time work, placement service: Yes X No _____

Person or agency responsible Methodist Hospital

First term progress report sent to: Parents X Students _____ High School _____ Other _____

Students live: At home _____ % School owned 98 % YMCA/YWCA _____ % Private home 1 %

Public facilities _____ % Private rooming house 1 % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship X Other _____

Monthly room and board cost: \$1100-total in 3 yrs Admission Fee: \$25 matriculation, \$6 regist

Application for financial aid required: Yes X No _____ Deadline Date Regulated by government

Director of financial aid School of Nursing & Hospital Administration

Tuition refund policy and schedule No refund after 6 weeks

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Methodist Hospital School of Nursing

PROGRAM Nursing STARTING DATE September

Basic Subject Taught (names)	Science	Psych and Sociology	Communi-cations	Phys Ed	Nursing Instruction		
No. different Subject Levels	4	2	1	1	14		
Total Hours of Class Training	270	108	54	18	900		
Minimum Requirement to Receive Credit	Passing grades	Passing	Passing	Passing	Passing		

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 months Total Capacity 90

Average Enrollment: Men 4 Women 76 1st Term Students all Other Than 1st Term Students

No. of Students aged: 19 or under 28 20-24 10 25-29 30 or over

Tuition: Total \$330 (in 3 years) Monthly Basis Payment Plan

Other Fees \$120 (in 3 years) Books \$200 (in 3 years) Materials Equipment

Pre-requisite courses required High school graduation, upper 1/2 of class scholastically

Specific Pre-requisite Courses recommended 2-3 units math, 3-4 units history & social science, 3-4 units science

Pre-enrollment or Placement test: Yes X No Tests Used Minnesota Multiphasic

SPECIALIZED SCHOOL NAME Mr. Terry's Accredited University of Beauty
 Street 521 Main Street
 City Dubuque, Iowa

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Telephone 588-2379 Area Code 319 Administrator Ed Bisenius and Charles Fiegen
 Sponsor or Owner Ed Bisenius and Charles Fiegen
 School Accredited by Iowa State Board of Health - Cosmetology Divison: Iowa Cosmetology Schools Association
 Application for admission mailed to: Name Ed Bisenius Title Owner
 Fee required with enrollment application: Amount No Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student yes To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____
 Dates student may begin classes: Juen 13 and September 6
 School visitation: Recommended X Required _____ Includes: Parents _____ Students _____ Counselors _____
 Persons responsible for contacting Ed Bisenius Address 521 Main Street
 Prospective Students: Charles Fiegen Address 521 Main Street
 _____ Address _____
 Compensated by: Straight Salary no Commission no Salary plus commission no (owner)
 Entrance Testing required: Yes _____ No X When Students accepted on trial basis
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When Upon application - before acceptance
 By whom tested Ed Bisenius Position Owner
 Graduate placement service: Yes X No _____ Person or agency responsible School
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible School
 First term progress report sent to: Parents yes Students _____ High School _____ Other _____
 Students live: At home X % School owned _____ % YMCA/YWCA _____ % Private home X %
 Public facilities _____ % Private rooming house _____ % Other X %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: Variable Admission Fee: \$72.50
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid Ed Bisenius
 Tuition refund policy and schedule _____

SPECIFIC TRAINING PROGRAMS

Mr. Terry's Accredited University of Beauty

PROGRAM Cosmetology STARTING DATE _____

	Shampooing	History of Marcelling	Facial Massage Theory	Facial massage-prac.	Electrical Devices	Anatomy & Scalp Treatments	Scalp Treatments	Manicuring
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	100	1	50	100	25	25	100	75
Minimum Requirement to Receive Credit								

	(theory)	(practical)							
Basic Subject Taught (names)	Hair coloring & bleaching	Hair coloring permanent & bleaching	Waving	finger waving	haircutting & shaping	sanitation antiseptics	written & oral tests	Iowa Law	Bus. mar & sales
No. different Subject Levels									
Total Hours of Class Training	75	150	559	240	170	85	50	20	110
Minimum Requirement to Receive Credit									

Length of Training Program 2100 hours - approximately 11 months Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 1 25-29 _____ 30 or over _____

Tuition: Total \$397.50 Monthly Basis \$422.50 Payment Plan \$72.50 down \$35/month

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME N.B.T. College
 Street N.B.T. Building - 509 Nebraska
 City Sioux City, Iowa

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Telephone 252-4015 Area Code 712 Administrator A. L. Rhude, President
 Sponsor or Owner Nettleton Colleges
 School Accredited by Accrediting Commission For Business Schools
 Application for admission mailed to: Name M. C. Null Title Dean
 Fee required with enrollment application: Amount 20 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Published in Catalog - June and September
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Ed McKee Address 509 Nebraska, Sioux City
 Prospective Students: Tom Johnsrud Address 509 Nebraska, Sioux City
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission X
 Entrance Testing required: Yes _____ No _____ When Recommended but not required
 By whom tested Business Instructor Position _____
 Personal interview required: Yes X No _____ When _____
 By whom tested N.B.T. Counselor or _____ Position Administrative Personnel
 Graduate placement service: Yes X No _____ Person or agency responsible Office Manager
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible N.B.T. Counselors
 First term progress report sent to: Parents X Students X High School X Other _____
 Students live: At home 35 % School owned 35 % YMCA/YWCA 10 % Private home 2 %
 Public facilities _____ % Private rooming house 18 % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship X Other _____
 Monthly room and board cost: \$32 per month in Dorm Admission Fee: \$20
 Application for financial aid required: Yes X No _____ Deadline Date Before Enrollment date
 Director of financial aid M. C. Null
 Tuition refund policy and schedule Tuition on monthly basis so no refund schedule necessary

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Professional Accounting Course STARTING DATE June & September -----

Basic Subject Taught (names)	Cost. Acct.	Bus. Law	Income Tax	Auditing	Adv. Accounting	C.P.A. Problems	Economics	Calculators
No. different Subject Levels								
Total Hours of Class Training	132	60	120	180	120	60	60	36
Minimum Requirement to Receive Credit	Must complete all work in program - no failing grade							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 18-22 months Total Capacity School capacity 200

Average Enrollment: Men 75 Women _____ 1st Term Students 50 Other Than 1st Term Students 25

No. of Students aged: 19 or under 70 20-24 10 25-29 10 30 or over 5

Tuition: Total _____ Monthly Basis \$64.00 per month Payment Plan _____

Other Fees \$20.00 registration Books \$90 Materials \$45 Equipment _____

Pre-requisite courses required Accounting Course

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Executive Secretarial STARTING DATE June & September

Basic Subject Taught (names)	English	Shorthand	Typing	Accounting	Bus. Math	Spelling	Writing	Psychology
No. different Subject Levels								
Total Hours of Class Training	60	228	240	120	60	60	36	60
Minimum Requirement to Receive Credit	Complete all work assigned - No failing grade							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9-12 Months Total Capacity Total school capacity 300

Average Enrollment: Men Women 100 1st Term Students 40 Other Than 1st Term Students 40

No. of Students aged: 19 or under 70 20-24 20 25-29 5 30 or over 5

Tuition: Total Monthly Basis \$64 per month Payment Plan

Other Fees Books \$75 Materials \$35 Equipment

Pre-requisite courses required None

Specific Pre-requisite Courses recommended High school commercial subjects

Pre-enrollment or Placement test: Yes X No Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM General Business STARTING DATE June & September

	Basic Acct.	Machines	Spelling	Filing	Bus. Forms	Typing	English	Writing
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	60	60	60	36	24	180	60	36
Minimum Requirement to Receive Credit	Complete all work - No failing grades							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9 months Total Capacity School capacity 300

Average Enrollment: Men _____ Women 10 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 10 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis \$64 per month Payment Plan _____

Other Fees \$20 registration Books \$60 Materials \$35 Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes X No _____ Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Data Processing STARTING DATE June & September

Taken at A I in Omaha

	I B M 420-403-407		I B M Collators	I B M Reproducer	Computer 1401		Programming	Wiring
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit		Must complete accounting program at N B T Take machine work in Omaha						

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program _____ Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Accounting Course

STARTING DATE June & September

Basic Subject Taught (names)	Basic Acct.	Payroll Acct.	Automation Acct.	Math	English	Spelling	Adv. Acct.	Theory Acct.
No. different Subject Levels								
Total Hours of Class Training	60	48	48	60	60	60	120	60
Minimum Requirement to Receive Credit			Complete work-No failing grade					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9-12 months Total Capacity School Capacity 300

Average Enrollment: Men 35 Women 20 1st Term Students 55 Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 25 25-29 _____ 30 or over 10

Tuition: Total _____ Monthly Basis \$64 per month Payment Plan _____

Other Fees \$20 registration Books \$60 Materials \$35 Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High School Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Stenographic Course STARTING DATE June and September

Basic Subject Taught (names)	Shorthand	Typing	English	Spelling	Filing	Writing	Civil Service	Reception Training
No. different Subject Levels								
Total Hours of Class Training	228	240	60	60	36	36	48	36
Minimum Requirement to Receive Credit			Complete all work- No failing grade					

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9 months Total Capacity 300

Average Enrollment: Men _____ Women 10 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 10 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis \$64 per month Payment Plan _____

Other Fees \$20 registration Books \$60 Materials \$35 Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended High School Shorthand

Pre-enrollment or Placement test: Yes X No _____ Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Business Administration Course STARTING DATE June & September

	Law	Economics	Cost. Acct.	Advertising	Management	Psychology	Payroll	Automation
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	60	60	228	60	60	60	48	48
Minimum Requirement to Receive Credit	Complete all work assigned - No failing grade							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 15-18 months Total Capacity School capacity 300

Average Enrollment: Men 40 Women 1st Term Students 25 Other Than 1st Term Students 15

No. of Students aged: 19 or under 20-24 10 25-29 30 or over

Tuition: Total Monthly Basis \$64 per month Payment Plan

Other Fees \$20 registration Books \$80 Materials \$35 Equipment

Pre-requisite courses required Accounting Course

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes X No Tests Used B.C.A.T.

SPECIFIC TRAINING PROGRAMS

N. B. T. College

PROGRAM Private Secretarial STARTING DATE June & September

Basic Subject Taught (names)	Shorthand	Typing	English	Law	Accounting	Psychology	Math	Automation
No. different Subject Levels								
Total Hours of Class Training	228	240	60	60	240	60	60	48
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 15 - 18 months Total Capacity School capacity 300

Average Enrollment: Men _____ Women 10 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 10 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis \$64 per month Payment Plan _____

Other Fees \$20 registration Books \$95 Materials \$30 Equipment _____

Pre-requisite courses required Executive Secretarial

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used B.C.A.T.

100%

100%

100%

SPECIALIZED SCHOOL NAME National Transportation Schools
 Street 1336 Walnut
 City Kansas City, Mo.

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

BA 1-5577
 Telephone GR 1-3949 Area Code 816 Administrator M. E. Welch
 Sponsor or Owner M. E. Welch

School Accredited by Approved to enroll students in Kansas and Illinois under state regulations.

Application for admission mailed to: Name Carl Morris Title Director of Admissions

Fee required with enrollment application: Amount 10% cost of course Refundable: Yes No X

Is fee applied toward tuition and other charges: Yes X No

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes X No High School recommendation: Requested X Required

Dates student may begin classes: 2nd Monday June, 3rd Monday September, Alternate dates may arrange

School visitation: Recommended X Required Includes: Parents X Students X Counselors X

Persons responsible for contacting Carl Morris Address Kansas City, Mo.

Prospective Students: Marshall Pitts Address Kansas City, Mo.

Address

Compensated by: Straight Salary Commission Salary plus commission X

Entrance Testing required: Yes No X When Testing required when in question as to ability to pursue course.

By whom tested Field Representative Position

Personal interview required: Yes X No When Prior to submission of application

By whom tested Field Representative Position

Graduate placement service: Yes X No Person or agency responsible Mr. Gene Welch

Student, part time work, placement service: Yes X No

Person or agency responsible Mr. Gene Welch

First term progress report sent to: Parents X Students High School Other

Students live: At home 20 % School owned N/A % YMCA/YWCA 2 % Private home 23 %

Public facilities % Private rooming house 55 % Other %

Financial aids available: Loans X Workstudy N/A Scholarship X Other

Monthly room and board cost: \$80.00 Admission Fee: One week in advance

Application for financial aid required: Yes X No Deadline Date N/A

Director of financial aid M. E. Welch

Tuition refund policy and schedule Requests are evaluated on individual basis, 95% of the students approved enter school and complete course.

SPECIFIC TRAINING PROGRAMS

National Transportation Schools

PROGRAM Advanced Office Machines STARTING DATE Various

Basic Subject Taught (names)

No. different Subject Levels

Estimated
Total Hours of Class Training

Minimum Requirement
to Receive Credit

Adv. Typing	Teletype	IBM Key Punch	Comp- tometer	Calculator	Adding Machine	Beauty- Charm	
72	45	45	36	36	36	36	

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program 9 to 14 weeks Total Capacity 30

Average Enrollment: Men N/A Women 30 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under 30 20-24 25-29 30 or over

Tuition: Total \$485.00 Monthly Basis N/A Payment Plan 12 months

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required At least one year typing with average or above grades.

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used Testing when in question as to ability to pursue course

SPECIFIC TRAINING PROGRAMS

National Transportation Schools

PROGRAM Advanced Secretarial STARTING DATE Various

Basic Subject Taught (names)	Adv. typing	Teletype	Beauty- Charm	Shorthand Speed Building Transcription		Office Machines: Dictaphone, Comptometer, Calculator, Adding Machine.	
No. different Subject Levels							
Total Hours of Class Training	72	45	36	72		72	
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 9 to 14 weeks Total Capacity 30

Average Enrollment: Men None Women 20 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under 20 20-24 25-29 30 or over

Tuition: Total \$485.00 Monthly Basis N/A Payment Plan 12 months

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required One year typing & Shorthand with average or above grades.

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used Testing when in question as to ability to pursue course

SPECIFIC TRAINING PROGRAMS

National Transportation Schools

PROGRAM Teletype Course STARTING DATE Various

Basic Subject Taught (names)	Typing	Teletype:	Keyboard teletype operating procedure,				
No. different Subject Levels			perforator machine operations, type of				
Total Hours of Class Training	50	45	messages, traffic regulations, western				
Minimum Requirement to Receive Credit			union procedures.				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 5 to 10 weeks Total Capacity 25

Average Enrollment: Men 10 Women 10 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under 20 20-24 25-29 30 or over

Tuition: Total \$295.00 Monthly Basis N/A Payment Plan 12 months

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required At least one year typing with average or above grades.

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIFIC TRAINING PROGRAMS

National Transportation Schools

PROGRAM Transportation & General Business STARTING DATE Various

	Traffic Terms & abbr.	Business Math	Record Keeping	Operation Procedures	Tools of Traffic Man	Typing	Freight Classifications	Freight rates tariffs
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	30	36	54	15	45	40	110	30
Minimum Requirement to Receive Credit								

	Air Freight Trans.	Freight rates & Problems	Freight Selling	trans. Adv. typing	Calculator	Comptometer	Adding Machine	Prac. rate problems
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	12	10	20	72	36	36	36	15
Minimum Requirement to Receive Credit								

Length of Training Program 6 to 9 months Total Capacity 60

Average Enrollment: Men 25 Women 25 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under 49 20-24 1 25-29 30 or over

Tuition: Total \$690.00 Monthly Basis N/A Payment Plan 24 months

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required One year typing with average or above grades.

Specific Pre-requisite Courses recommended Bookkeeping

Pre-enrollment or Placement test: Yes No X Tests Used Testing when in question as to ability to pursue course.

SPECIFIC TRAINING PROGRAMS

National Transportation Schools

PROGRAM Drafting & Engineering Tech. STARTING DATE Various

Slide Rule	Engineering Math	Engineering Physics	Drafting	Civil Engineering	Mechanical Engineering	Electrical Engineering	Machine Drafting
Basic Subject Taught (names)							
No. different Subject Levels	5	7	8	6	6	6	
Total Hours of Class Training	60	360	240	180	180	180	120
Minimum Requirement to Receive Credit							

Tool Drafting	Industrial Drafting	Architectural Drafting	Structural Drafting	Map Drafting	Aeronautical Drafting	Electrical Drafting	Pipe Drafting
Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training	120	120	120	120	120	120	120
Minimum Requirement to Receive Credit							

Length of Training Program 12 to 18 months Total Capacity 50

Average Enrollment: Men 47 Women 3 1st Term Students N/A Other Than 1st Term Students N/A

No. of Students aged: 19 or under 50 20-24 25-29 30 or over

Tuition: Total \$995.00 Monthly Basis N/A Payment Plan 24 months

Other Fees None Books None Materials None Equipment None

Pre-requisite courses required At least one year mech. drawing, drafting or industrial art.

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used Testing when in question as to ability to pursue course.

SPECIALIZED SCHOOL NAME Nebraska Methodist School of NursingStreet 36th and CumingCity Omaha, Nebraska

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Telephone 551-0042 Area Code 402 Administrator Miss Edna FaganSponsor or Owner Methodist ChurchSchool Accredited by National League for Nursing - Nebraska State BoardApplication for admission mailed to: Name Miss Edna Fagan Title Director of NursingFee required with enrollment application: Amount none Refundable: Yes X No _____Is fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required XDates student may begin classes: SeptemberSchool visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____Persons responsible for contacting Director of Nursing Address _____Prospective Students: _____ Address __________ Address _____Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When First Saturday of first three months of the yearBy whom tested University of Omaha Position Adult Testing BureauPersonal interview required: Yes X No _____ When Prior to acceptanceBy whom tested Director Position _____Graduate placement service: Yes X No _____ Person or agency responsible Personnel DepartmentStudent, part time work, placement service: Yes X No _____Person or agency responsible _____First term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 5 % School owned 95 % YMCA/YWCA _____ % Private home _____ %Public facilities _____ % Private rooming house _____ % Other _____ %Financial aids available: Loans X Workstudy _____ Scholarship X Other _____Monthly room and board cost: \$75/quarter Admission Fee: \$25 after acceptanceApplication for financial aid required: Yes _____ No _____ Deadline Date _____Director of financial aid Mrs. Charlotte SchultzTuition refund policy and schedule \$25 non-refundable

SPECIFIC TRAINING PROGRAMS

Nebraska Methodist School of Nursing

PROGRAM Diploma Nursing STARTING DATE September

Basic Subject Taught (names)	Biological & Physical Sciences 160 hrs. Social Sciences 246 hrs. Clinical Nursing 1008 hrs.						
No. different Subject Levels	three--Freshman, Junior and Senior						
Total Hours of Class Training	1500 700 hrs. Freshman - 400 hrs. Junior - 400 hrs. Seniors						
Minimum Requirement to Receive Credit	Passing grade D or better 3 years						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 years Total Capacity 200

Average Enrollment: Men 12 Women 185 1st Term Students 80 Other Than 1st Term Students 117

No. of Students aged: 19 or under 85% 20-24 15% 25-29 30 or over

Tuition: Total \$1208.00 Monthly Basis Payment Plan Quarterly

Other Fees \$75/quarter Books included Materials included Equipment included

Pre-requisite courses required 2 years total science

Specific Pre-requisite Courses recommended Chemistry and Biology

Pre-enrollment or Placement test: Yes X No Tests Used A.C.T. PLUS University of Omaha Admission Test Battery

SPECIALIZED SCHOOL NAME Nettleton, Boyles-Van Sant College
 Street 204 W.O.W. Bldg. 14th & Farnam
 City Omaha, Nebraska 68102

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 341-1755 Area Code 402 Administrator Lester L. Wiegert
 Sponsor or Owner Nettleton Commercial College, Sioux Falls, South Dakota
 School Accredited by Application to the Accrediting Commission for Business Schools is pending; will be notified April 1966.
 Application for admission mailed to: Name Miss Sandra Adams Title Registrar
 Fee required with enrollment application: Amount Day classes \$20; Evening Refundable: Yes No X
 classes \$10
 Is fee applied toward tuition and other charges: Yes No X
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: Monthly
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Mr. Norman L. Mendon Address Nettleton, Boyles-Van Sant College
 Prospective Students: Mr. Raymond C. Macrander Address " " " " "
 Address
 Compensated by: Straight Salary Commission Salary plus commission X
 Entrance Testing required: Yes X No When Prior to actual enrollment
 By whom tested Mr. Gunar S. Jerins Position Dean
 Personal interview required: Yes X No When At the time the test is given
 By whom tested Position Counselors
 Graduate placement service: Yes X No Person or agency responsible Mrs. Delores A. Steere
 Student, part time work, placement service: Yes X No
 Person or agency responsible Mrs. Delores A. Steere
 First term progress report sent to: Parents X Students High School Other
 Students live: At home 85 % School owned % YMCA/YWCA 5 % Private home 5 %
 Public facilities 3 % Private rooming house 2 % Other 3 %
 Financial aids available: Loans X Workstudy Scholarship Other
 Monthly room and board cost: \$37.50 per four-week period Admission Fee:
 Application for financial aid required: Yes X No Deadline Date No later than two weeks before enrollment date
 Director of financial aid
 Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No Does not apply
 because of pending application with Accrediting Commission for Business Schools.

SPECIFIC TRAINING PROGRAMS

Nettleton, Boyles-Van Sant College

PROGRAM Stenographic STARTING DATE Every month

Basic Subject Taught (names)	Psy	English	Shorthand	Typing	Bus. Mach.	Nancy Taylor		
No. different Subject Levels	1	2	5	4	1	1		
Total Hours of Class Training	60	120	228	240	36	36		
Minimum Requirement to Receive Credit	80%	80%	100 WPM	60 WPM	80%	80%		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 9 months Total Capacity no limit

Average Enrollment: Men _____ Women 100% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 97% 20-24 2% 25-29 _____ 30 or over 1%

Tuition: Total _____ Monthly Basis \$64 Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High school graduation and aptitude test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIFIC TRAINING PROGRAMS

Nettleton, Boyles-Van Sant College

PROGRAM Professional Accounting

STARTING DATE Every month

Basic Subject Taught (names)	Accounting	English	Psy	Typing	Math	Econ.	Bus. Law	Sys. & Proced.
No. different Subject Levels	12	2	1	3	1	1	1	1
Total Hours of Class Training	924	120	60	180	60	60	60	60
Minimum Requirement to Receive Credit	80%	80%	80%	40 WPM	80%	80%	80%	80%

Basic Subject Taught (names)	Mr. Exec. or Nancy Taylor							
No. different Subject Levels	1							
Total Hours of Class Training	36							
Minimum Requirement to Receive Credit	80%							

Length of Training Program 20 months Total Capacity no limit

Average Enrollment: Men 99% Women 1% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 94% 20-24 4% 25-29 1% 30 or over 1%

Tuition: Total _____ Monthly Basis \$64 Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High school graduation and aptitude test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIFIC TRAINING PROGRAMS

Nettleton, Boyles-Van Sant College

PROGRAM Business Administration STARTING DATE Every month

Basic Subject Taught (names)	Accounting	Bus. Law	Econ	Bus Org	Psy	Prin Adv	Bus Mach	Math
No. different Subject Levels	10	1	1	1	1	1	1	1
Total Hours of Class Training	672	60	60	60	60	60	48	60
Minimum Requirement to Receive Credit	80%	80%	80%	80%	80%	80%	80%	80%

Basic Subject Taught (names)	Eng	Typing						
No. different Subject Levels	2	3						
Total Hours of Class Training	120	180						
Minimum Requirement to Receive Credit	80%	50 WPM						

Length of Training Program 17 months Total Capacity no limit

Average Enrollment: Men 100% Women 1st Term Students Other Than 1st Term Students

No. of Students aged: 19 or under 90% 20-24 6% 25-29 3% 30 or over 1%

Tuition: Total Monthly Basis \$64 Payment Plan

Other Fees Books Materials Equipment

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High school graduation and aptitude test

Pre-enrollment or Placement test: Yes X No Tests Used Business Career Aptitude test

SPECIFIC TRAINING PROGRAMS

Nettleton, Boyles-Van Sant College

PROGRAM Accounting STARTING DATE Every month

Basic Subject Taught (names)	Accounting	Mach	Eng	Psy	Typing	Math	Mr. Exec or Nan Taylor
No. different Subject Levels	7	1	2	1	2	1	1
Total Hours of Class Training	480	60	120	60	120	60	36
Minimum Requirement to Receive Credit	80%	80%	80%	80%	50 WPM	80%	80%

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Approx 10 months Total Capacity no limit

Average Enrollment: Men 60% Women 40% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 6% 25-29 3% 30 or over 1%

Tuition: Total _____ Monthly Basis \$64 Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required High school graduation and aptitude test

Specific Pre-requisite Courses recommended High School graduation and aptitude test

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

10/20/2014

10/20/2014

10/20/2014

10/20/2014

1

SPECIALIZED SCHOOL NAME Nettleton Commercial College
 Street 226 S. Main
 City Sioux Falls, South Dakota

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Telephone 336-1837 Area Code 605 Administrator C. D. Rohlffs
 Sponsor or Owner Nettleton Commercial College, Inc.
 School Accredited by Accrediting Commission for Business Schools
 Application for admission mailed to: Name Evangelyn Chesley Title Registrar
 Fee required with enrollment application: Amount \$20.00 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____
 Dates student may begin classes: 1st Monday in each month
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Robert E. Heegel Address Sioux Falls, S. Dak.
 Prospective Students: Milo J. Wepking Address Sioux Falls, S. Dak.
E. E. McKee Address Sioux City, Iowa
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission X
 Entrance Testing required: Yes _____ No X When _____
 By whom tested Verne Kurtenbach Position Director
 Personal interview required: Yes X No _____ When at student's convenience
 By whom tested Heegel, Wepking, McKee Position Counselors
 Graduate placement service: Yes X No _____ Person or agency responsible Evangelyn M. Chesley
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Evangelyn M. Chesley
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home 32 % School owned 65 % YMCA/YWCA _____ % Private home 3 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans X Workstudy _____ Scholarship X Other _____
 Monthly room and board cost: \$70.00 per 4 weeks Admission Fee: \$32.00
 Application for financial aid required: Yes X No _____ Deadline Date None
 Director of financial aid C. D. Rohlffs
 Tuition refund policy and schedule Tuition collected per four week period

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No not applicable

SPECIFIC TRAINING PROGRAMS

Nettleton Commercial College

PROGRAM Accounting STARTING DATE Any Monday

Basic Subject Taught (names)	Accounting	Bus. Pract.	Off. Pract.	Typing	Math	English	Reading	Special
No. different Subject Levels								
Total Hours of Class Training	330	140	175	180	45	45	36	55
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 6-9 Months Total Capacity 200

Average Enrollment: Men 150 Women 50 1st Term Students 200 Other Than 1st Term Students None

No. of Students aged: 19 or under 140 20-24 25 25-29 20 30 or over 15

Tuition: Total _____ Monthly Basis \$68.00 pa. 4 Weeks Payment Plan _____

Other Fees \$90.00 Books \$65.00 Materials \$9.00 Equipment 0

Pre-requisite courses required None

Specific Pre-requisite Courses recommended English

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIFIC TRAINING PROGRAMS

Nettleton Commercial College

PROGRAM Secretarial STARTING DATE 1st Monday of each month

	Accounting	Bus. Prac.	Shorthand	Typing	Nancy Taylor Charm	English	Word Studies	Other
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	240	180	360	285	36	45	60	245
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 9-12 Months Total Capacity 400

Average Enrollment: Men 5 Women 195 1st Term Students 200 Other Than 1st Term Students None

No. of Students aged: 19 or under 155 20-24 20 25-29 15 30 or over 10

Tuition: Total _____ Monthly Basis \$68.00 pa. 4 weeks Payment Plan _____

Other Fees \$90.00 Books \$45.00 Materials \$9.00 Equipment 0

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Typing and Bookkeeping

Pre-enrollment or Placement test: Yes X No _____ Tests Used B C A T

SPECIFIC TRAINING PROGRAMS

Nettleton Commercial College

PROGRAM Stenographic STARTING DATE 1st Monday of each month

Basic Subject Taught (names)	Shorthand	Typing	English	Word Studies	Nancy Taylor Charm	Reading	Telephone Training	Other
No. different Subject Levels								
Total Hours of Class Training	330	285	45	60	36	36	10	240
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 6-9 Months Total Capacity 100

Average Enrollment: Men 1 Women 99 1st Term Students 100 Other Than 1st Term Students None

No. of Students aged: 19 or under 64 20-24 22 25-29 12 30 or over 2

Tuition: Total _____ Monthly Basis \$68.00 pay 4 weeks Payment Plan _____

Other Fees \$90.00 Books \$50.00 Materials \$6.00 Equipment 0

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

SPECIFIC TRAINING PROGRAMS

Nettleton Commercial College

PROGRAM Professional Accounting STARTING DATE Any Monday

	Accounting	Auditing	Federal Tax	Cost Acct.	Math	Typing	Business	C.P.A. Problems
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	700	150	140	150	45	150	60	60
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 18-22 Months Total Capacity 75

Average Enrollment: Men 73 Women 2 1st Term Students 20 Other Than 1st Term Students 55

No. of Students aged: 19 or under 53 20-24 13 25-29 7 30 or over 2

Tuition: Total _____ Monthly Basis \$68.00 pa. 4 weeks Payment Plan _____

Other Fees \$90.00 Books \$145.00 Materials \$18.00 Equipment 0

Pre-requisite courses required None

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used Business Career Aptitude Test

10/10/10

10/10/10

10/10/10

SPECIALIZED SCHOOL NAME Northwestern Electronics Institute
 Street 3800 Minnehaha Avenue South
 City Minneapolis, Minnesota 55406

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 721-2469 Area Code 612 Administrator C. L. Larson, President
 Sponsor or Owner Northwestern is a non-profit school (No salesmen--No contracts)
 Licensed School Accredited by State of Minnesota - Dept. of Education
 Application for admission mailed to: Name Bill Nemitz Title Dir. of Admissions
 Fee required with enrollment application: Amount \$15 Refundable: Yes No X
 Is fee applied toward tuition and other charges: Yes No X
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: January - April - June - October
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Address
 Prospective Students: (No Salesmen) Address
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes X No When
 By whom tested Position
 Personal interview required: Yes Desired No When
 By whom tested Mr. Nemitz or Mr. Robb Position Dir. of Admissions or Chief of Training
 Graduate placement service: Yes X No Person or agency responsible School Placement Office
 Student, part time work, placement service: Yes X No
 Person or agency responsible School Placement Office
 First term progress report sent to: Parents on request Students Yes High School Other
 Students live: At home 56 % School owned .5 % YMCA/YWCA % Private home 12 %
 Public facilities % Private rooming house (apt) 22 % Other 4.5 %
 Financial aids available: Loans Yes Workstudy Scholarship Yes Other
 Monthly room and board cost: \$80-\$100 Admission Fee: \$15 plus tuition prepayment
 Application for financial aid required: Yes X No Deadline Date December 1
 Director of financial aid C. L. Larson
 Tuition refund policy and schedule All prepaid tuition beyond the week of withdrawal will be refunded

SPECIFIC TRAINING PROGRAMS

Northwestern Electronics Institute

PROGRAM Electronics Technology STARTING DATE June-October-January-April

Basic Subject Taught (names)	Basic Electronics	Basic Electronic Circuits	Basic Electronic Systems (Transmitters & Receivers)	Pulse Circuits	Black & White & Color TV	Color TV	Industrial Electronics	Computers
No. different Subject Levels								
Total Hours of Class Training	360	360	360	360	360	360	360	360
Minimum Requirement to Receive Credit	C	C	C	C	C	C	C	C

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 96 WEEKS - 8 quarters - 2880 hours Total Capacity 450 students

Average Enrollment: Men 250 Women 6 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 40% 20-24 32% 25-29 20% 30 or over 8%

Tuition: Total \$1920 Monthly Basis Pro-rata Payment Plan Pro-rata

Other Fees Lab Fees: \$40 Books about \$75 Materials \$20 Equipment _____

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended High school algebra and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis Tests 2A and 2B; Farnsworth Dichotomous Color Test

SPECIFIC TRAINING PROGRAMS

Northwestern Electronics Institute

PROGRAM Business Machine Technology STARTING DATE June-October-January-April

Basic Subject Taught (names)	Basic Electronics	Basic Electronic Circuits	Basic Electronics System (Transmitters & Receivers)	Pulse Circuits	Industrial Electronics	Computers		
No. different Subject Levels								
Total Hours of Class Training	360	360	360	360	360	360		
Minimum Requirement to Receive Credit	C	C	C	C	C	C		

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 72 WEEKS - 6 QUARTERS - 2160 HOURS Total Capacity 450 students

Average Enrollment: Men 250 Women 6 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 40% 20-24 32% 25-29 20% 30 or over 8%

Tuition: Total \$1440 Monthly Basis Pro-rata Payment Plan Pro-rata

Other Fees Lab Fees - \$30 Books About \$60 Materials \$16 Equipment _____

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended High school algebra and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis Tests 2A and 2B; Farnsworth Dichotomous Color Test

SPECIFIC TRAINING PROGRAMS

Northwestern Electronics Institute

PROGRAM Radio-Television Technician STARTING DATE June-October-January-April

Basic Subject Taught (names)	Basic Electronics	Basic Electronic Circuits	Basic Electronic Systems (Transmitters & Receivers)	Pulse Circuits	Black & White & Color TV	Color TV		
No. different Subject Levels								
Total Hours of Class Training	360	360	360	360	360	360		
Minimum Requirement to Receive Credit	C	C	C	C	C	C		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 72 weeks - 6 quarters - 2160 hours Total Capacity 450 students

Average Enrollment: Men 250 Women 6 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 40% 20-24 32% 25-29 20% 30 or over 8%

Tuition: Total \$1440 Monthly Basis Pro-rata Payment Plan Pro-rata

Other Fees Lab Fees \$30 Books About \$60 Materials \$16 Equipment _____

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended High school algebra and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis Tests 2A and 2B; Farnsworth Dichotomous Color Test

SPECIFIC TRAINING PROGRAMS

Northwestern Electronics Institute

PROGRAM Industrial Technician STARTING DATE June-October-January-April

Basic Subject Taught (names)	Basic Electronic	Basic Electronic	Basic Electronic	Pulse Circuits	Industrial Electronics			
No. different Subject Levels		Circuits	System (Transmitters & Receivers)					
Total Hours of Class Training	360	360	360	360	360			
Minimum Requirement to Receive Credit	C	C	C	C	C			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 60 weeks - 5 quarters - 1800 hours Total Capacity 450 students

Average Enrollment: Men 250 Women 6 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 40% 20-24 32% 25-29 20% 30 or over 8%

Tuition: Total \$1200 Monthly Basis Pro-rata Payment Plan Pro-rata

Other Fees Lab Fees \$25 Books About \$45 Materials \$12 Equipment _____

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended High school algebra and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis Tests 2A and 2B; Farnsworth Dichotomous Color Test

SPECIFIC TRAINING PROGRAMS

Northwestern Electronics Institute

PROGRAM Communications Electronics STARTING DATE June-October-January-April

Basic Subject Taught (names)	Basic Electronics	Basic Electronic Circuits	Basic Electronics Systems (Transmitters & Receivers)				
No. different Subject Levels							
Total Hours of Class Training	360	360	360				
Minimum Requirement to Receive Credit	C	C	C				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks - 3 quarters - 1080 hours Total Capacity 450

Average Enrollment: Men 250 Women 6 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 40% 20-24 32% 25-29 20% 30 or over 8%

Tuition: Total \$720 Monthly Basis Pro-rata Payment Plan Pro-rata

Other Fees Lab Fees \$15 Books About \$35 Materials \$12 Equipment _____

Pre-requisite courses required High school diploma or equivalent

Specific Pre-requisite Courses recommended High school algebra and physics

Pre-enrollment or Placement test: Yes X No _____ Tests Used Otis Tests 2A and 2B; Farnsworth Dichotomous Color Test

SPECIALIZED SCHOOL NAME Omaha Art School & Studios, Inc.
 Street Penthouse W.O.W. Building
 City Omaha, Nebraska 68102

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Telephone 345-4050 Area Code 12345 Administrator Wayne H. Wilson
 Sponsor or Owner Wayne H. Wilson - W. F. Cathcart - Stock Holder
 School Accredited by Approved for Veterans, War Orphans, Clients State Rehab. Services and Vets. Adm.
 Application for admission mailed to: Name Wayne H. Wilson Title Director
 Fee required with enrollment application: Amount \$25 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes _____ No X
 Notification of acceptance: To student _____ To parent _____ To high school _____ None X
 High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____
 Dates student may begin classes: Any Monday
 School visitation: Recommended X Required _____ Includes: Parents X Students _____ Counselors X
 Persons responsible for contacting No salesmen Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When _____
 By whom tested Director - Wayne Wilson Position Director and Administrator
 Graduate placement service: Yes _____ No _____ Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No We do all we can to place our students
 Person or agency responsible _____
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home _____ % School owned _____ % YMCA/YWCA X % Private home X %
 Public facilities _____ % Private rooming house X % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other No
 Monthly room and board cost: _____ Admission Fee: _____
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule refer to circular

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Omaha Art School & Studios, Inc.

PROGRAM Commercial STARTING DATE any Monday

Basic Subject Taught (names)	Fundamentals and Life Drawing						
No. different Subject Levels	Fundamental	Life	Lettering	Illustration	Advertise	Painting	
Total Hours of Class Training	518	517	260	110	665	665	
Minimum Requirement to Receive Credit	C	C	C	C	C	C	

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 72 weeks Total Capacity 125

Average Enrollment: Men 53 Women 56 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$900 Monthly Basis \$55 Payment Plan \$55 monthly

Other Fees \$25 regular Books _____ Materials \$230 Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes X No _____ Tests Used Our own

SPECIALIZED SCHOOL NAME Ottumwa Beauty AcademyStreet 224 E. 2nd StreetCity Ottumwa, Iowa

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Telephone 684-7320 Area Code 515 Administrator Dorothy WilliamsSponsor or Owner Dorothy WilliamsSchool Accredited by Accredited Cosmetology Schools of Iowa Inc.Application for admission mailed to: Name Sandra Rezner Title InstructorFee required with enrollment application: Amount None Refundable: Yes No Is fee applied toward tuition and other charges: Yes No XNotification of acceptance: To student X To parent X To high school None High school transcript required: Yes No X High School recommendation: Requested X Required Dates student may begin classes: 1st Monday every monthSchool visitation: Recommended X Required Includes: Parents X Students X Counselors Persons responsible for contacting Sandra Rezner Address 2111 N. Court, Ottumwa, IowaProspective Students: Address Address Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes X No When By whom tested Instructors Position Graduate placement service: Yes X No Person or agency responsible Mrs. WilliamsStudent, part time work, placement service: Yes No XPerson or agency responsible First term progress report sent to: Parents Students X High School Other Students live: At home 80 % School owned % YMCA/YWCA 10 % Private home 10 %Public facilities % Private rooming house % Other %Financial aids available: Loans X Workstudy Scholarship X Other Monthly room and board cost: \$75-100 Admission Fee: \$350.00 cash \$375.00 TermsApplication for financial aid required: Yes No X Deadline Date Director of financial aid NoneTuition refund policy and schedule Tuition refunded for a good reason for quitting school.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No

SPECIFIC TRAINING PROGRAMS

Ottumwa Beauty Academy

PROGRAM Practice of Cosmetology **STARTING DATE** 1st Monday of each month

Basic Subject Taught (names)	Shampooing	Scalp	Manicure	Haircutting	Finger-waving	Hair-Styling	Heat Permanent Waving	Cold Waving
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Massage	Facial Treatment	Facial Make-Up	Hair Tinting	Electrolysis	Depilatories		
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2100 hours Total Capacity 110

Average Enrollment: Men 2 Women 50 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 25 25-29 1 30 or over 3

Tuition: Total \$350.00 Cash \$375 Terms Monthly Basis \$35 month - \$75 down Payment Plan _____

Other Fees None Books None Materials None Equipment \$5.40 rest included in tuition

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Latin-Physiology-Biology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Ottumwa Beauty Academy

PROGRAM Science of Cosmotology **STARTING DATE** 1st Monday of each month

Basic Subject Taught (names)	Anatomy & Phys.	Skin	Hair	Nail	Disorders of Scalp	Electricity	Light Therapy	Chemistry
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Salon Management	Iowa Law 2 weeks						
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2100 hours Total Capacity 110

Average Enrollment: Men 2 Women 50 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 20 20-24 25 25-29 1 30 or over 3

Tuition: Total \$350.00 Cash \$375 Terms _____ Monthly Basis \$35 month - \$75 down Payment Plan _____

Other Fees None Books None Materials None Equipment \$5.40 rest _____

Pre-requisite courses required None included in tuition _____

Specific Pre-requisite Courses recommended Latin-Physiology-Biology

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

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 $\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

SPECIALIZED SCHOOL NAME Ottumwa Heights College
 Street Grandview Avenue
 City Ottumwa, Iowa 52501

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone Murray 24551 Area Code 515 President: Sister Marie Ancille Kennedy
 Administrator
 Sponsor or Owner Congregation of the Humility of Mary
 School Accredited by North Central Association of Colleges and Secondary Schools
 Application for admission mailed to: Name Sister Madeleine Marie Title Director of Admissions
 Fee required with enrollment application: Amount \$25 Refundable: Yes X * No
 Is fee applied toward tuition and other charges: Yes No X
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: September 17; January 30
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Sister Madeleine Marie Address Ottumwa Heights College, Ottumwa, Iowa
 Prospective Students: Address Address
 Compensated by: Straight Salary Commission Salary plus commission service contributed
 Entrance Testing required: Yes X No When ACT tests taken probably during senior year
 By whom tested At various test centers Position
 Personal interview required: Yes No X When not required, but recommended
 By whom tested Sister Madeleine Marie Position Director of Admissions
 Graduate placement service: Yes X No Person or agency responsible Dean of Students and Department Chairmen
 Student, part time work, placement service: Yes X No
 Person or agency responsible College President and Director of Admissions
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home 42 % School owned 58 % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans X Workstudy X Scholarship X Other
 Monthly room and board cost: \$870 a year. Tuition is \$325 a year Admission Fee: \$25 application fee. See above.
 Application for financial aid required: Yes X No Deadline Date
 Director of financial aid Committee: President, Registrar, Director of Admissions
 Tuition refund policy and schedule 90% refund within the first week; 70% during second and seventh weeks; 50% during fourth and fifth weeks; 30% during sixth and seventh weeks; after nine weeks, none

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

*Yes, if student is not accepted; no, if student withdraws.

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Medical Secretarial STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Typing	Medical Shorthand	Shorthand	Secretarial Procedures	Accounting	Office Machines
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman Sophomore	Sophomore	Freshman Sophomore	Freshman	Sophomore	Sophomore
Total Hours of Class Training	216	36	216	108	216	72	108	108
Minimum Requirement to Receive Credit	1 semester (approximately 18 weeks)							

Basic Subject Taught (names)	Medical Secretarial Technique	Economics	Sociology	Psychology	Anatomy & Physiology			
No. different Subject Levels	Sophomore	Freshman	Sophomore	Freshman	Sophomore			
Total Hours of Class Training	54	54	54	54	90			
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 25

Average Enrollment: Men _____ Women _____ 1st Term Students 12 Other Than 1st Term Students _____

No. of Students aged: 19 or under 6 20-24 6 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester

Other Fees _____ Books about \$35 Materials \$10 Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM General Secretarial STARTING DATE September 19, 1965

Basic Subject Taught (names)	English	Speech	Typing	Shorthand	Secretarial Procedures	Accounting	Office Machines	Secretarial Experience
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman Sophomore	Freshman Sophomore	Freshman	Sophomore	Sophomore	Sophomore
Total Hours of Class Training	216	36	216	216	72	108	108	54
Minimum Requirement to Receive Credit	1 semester (approximately 18 weeks)							

Basic Subject Taught (names)	Economics	Sociology	Mathematics				
No. different Subject Levels	Freshman	Sophomore	Freshman				
Total Hours of Class Training	54	54	54				
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 70

Average Enrollment: Men _____ Women 60 1st Term Students 55 Other Than 1st Term Students 5

No. of Students aged: 19 or under 44 20-24 10 25-29 _____ 30 or over 1

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester

Other Fees _____ Books about \$35 Materials about \$10 Equipment provided

Pre-requisite courses required none other than required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Teacher Education

STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Silence or Math	History	World Geography	Psychology	Sociology	Education
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Freshman Sophomore	Sophomore	Freshman	Sophomore	Sophomore
Total Hours of Class Training	216	36	180	180 or 216	54	54	108	108
Minimum Requirement to Receive Credit	1 semester (approximately 18 weeks)							

Basic Subject Taught (names)	Art	Music	Modern Language					
No. different Subject Levels	Freshman	Freshman	Freshman Sophomore					
Total Hours of Class Training	36	36	108 or 216					
Minimum Requirement to Receive Credit								

Length of Training Program 2 years at OHC (Transfer Program) Total Capacity perhaps about 125

Average Enrollment: Men _____ Women 65 1st Term Students 62 Other Than 1st Term Students 3

No. of Students aged: 19 or under 40 20-24 13 25-29 _____ 30 or over 12

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester

Other Fees _____ Books about \$45 Materials provided Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Basic Liberal Arts STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Science	Mathematics	History	Modern Language	Psychology	Sociology
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Sophomore	Freshman Sophomore	Freshman Sophomore	Freshman	Sophomore
Total Hours of Class Training	216	36	180	108	162	108 or 216	54	108
Minimum Requirement to Receive Credit	1 semester (approximately 18 weeks)							

Basic Subject Taught (names)	Art	Music					
No. different Subject Levels	Freshman	Freshman					
Total Hours of Class Training	36	36					
Minimum Requirement to Receive Credit							

Length of Training Program 2 years at Ottumwa Heights College (Transfer Program) Total Capacity about 175

Average Enrollment: Men _____ Women 125 1st Term Students 125 Other Than 1st Term Students _____

No. of Students aged: 19 or under 80 20-24 35 25-29 _____ 30 or over 10

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester

Other Fees _____ Books about \$45 Materials provided Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Music

STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Science or Math	Western Civilization	Basic Music Theory	Advanced Music Theory	Counterpoint	Applied Music
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Freshman	Freshman	Sophomore	Sophomore	Freshman Sophomore
Total Hours of Class Training	216	36	180	108	108	54	54	Varies
Minimum Requirement to Receive Credit	1 semester	(approximately 18 weeks)						

Basic Subject Taught (names)	Music Appreciation	Music Ensemble						
No. different Subject Levels	Freshman	Freshman Sophomore						
Total Hours of Class Training	36	Varies						
Minimum Requirement to Receive Credit								

Length of Training Program 2 years at OHC (Transfer Program) Total Capacity 15 (because of much individual assistance)

Average Enrollment: Men _____ Women 10 1st Term Students 10 Other Than 1st Term Students _____

No. of Students aged: 19 or under 6 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester

Other Fees Private music lessons Books about \$45 Materials about \$20 Equipment Musical inst. other than piano

Pre-requisite courses required Musical background evaluated

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM ART STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Science or Math	Psychology	Western Civilization	Modern Language	Intro. to Art	Painting & Composition
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Freshman Sophomore	Sophomore	Freshman Sophomore	Freshman	Freshman Sophomore
Total Hours of Class Training	216	36	180	108	108	108 or 216	72	180 or 360
Minimum Requirement to Receive Credit	1 semester (approximately 18 weeks)							

Basic Subject Taught (names)	Design	History of Art						
No. different Subject Levels	Sophomore	Sophomore						
Total Hours of Class Training	108	72						
Minimum Requirement to Receive Credit								

Length of Training Program 2 years at OCH (Transfer Program) Total Capacity 20

Average Enrollment: Men _____ Women 12 1st Term Students 12 Other Than 1st Term Students _____

No. of Students aged: 19 or under 8 20-24 4 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50

Other Fees _____ Books about \$45 Materials about \$25 Equipment Canvas, brushes etc.

Pre-requisite courses required Background in art evaluated

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Home Economics

STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Science	Foods	Textiles & Clothing	Child Growth & Develop.	General Psychology	Western Civilization
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Freshman	Sophomore	Sophomore	Freshman	Sophomore
Total Hours of Class Training	216	36	180	144	180	54	54	108
Minimum Requirement to Receive Credit	1 Semester (approximately 18 weeks)							

Basic Subject Taught (names)	Art	Modern Language					
No. different Subject Levels	Freshman	Freshman Sophomore					
Total Hours of Class Training	72	108 or 216					
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 24

Average Enrollment: Men _____ Women 15 1st Term Students 14 Other Than 1st Term Students 1

No. of Students aged: 19 or under 12 20-24 3 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester in advance

Other Fees none Books about \$40 Materials provided Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Homemaking STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Science or Math	Foods	Textiles & Clothing	Meal Management	Child Growth & Develop.	Consumer Economics
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Freshman	Sophomore	Sophomore	Sophomore	Sophomore
Total Hours of Class Training	216	36	180	144	180	90	54	54
Minimum Requirement to Receive Credit		1 Semester	(approximately 18 weeks)					

Basic Subject Taught (names)	Art	General Psychology	Sociology				
No. different Subject Levels	Freshman Sophomore	Freshman	Sophomore				
Total Hours of Class Training	90	54	54				
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 10

Average Enrollment: Men _____ Women 5 1st Term Students 5 Other Than 1st Term Students _____

No. of Students aged: 19 or under 3 20-24 2 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester in advance

Other Fees _____ Books \$40 Materials provided Equipment provided

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Program for Latin American STARTING DATE September 19, 1966
Students

Basic Subject Taught (names)	Special English	Dictation	Sociology	History	Typing	Shorthand	Secretarial Procedure	Accounting
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Sophomore	Freshman Sophomore	Freshman Sophomore	Freshman	Sophomore
Total Hours of Class Training	360	108	54	108	216	216	72	108
Minimum Requirement to Receive Credit	1 Semester (approximately 18 weeks)							

Basic Subject Taught (names)	Office Machines	Secretarial Experience	Art	Music				
No. different Subject Levels	Freshman	Sophomore	Freshman	Freshman				
Total Hours of Class Training	108	54	36	36				
Minimum Requirement to Receive Credit								

Length of Training Program 2 years at OHC (Terminal or Transfer) Total Capacity 20

Average Enrollment: Men _____ Women 15-20 1st Term Students 15 Other Than 1st Term Students _____

No. of Students aged: 19 or under 10 20-24 5 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$182.50 a semester in advance

Other Fees _____ Books about \$40 Materials provided Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used English Aptitude and Profeciency Test

SPECIFIC TRAINING PROGRAMS

Ottumwa Heights College

PROGRAM Medical Technology STARTING DATE September 19, 1966

Basic Subject Taught (names)	English	Speech	Western Civilization	Modern Language	Biology	Chemistry	Math	Art
No. different Subject Levels	Freshman Sophomore	Freshman	Freshman	Sophomore	Freshman Sophomore	Freshman Sophomore	Freshman	Freshman
Total Hours of Class Training	216	36	108	144	360	180	108	36
Minimum Requirement to Receive Credit	1 Semester (approximately 18 weeks)							

Basic Subject Taught (names)	Music						
No. different Subject Levels	Sophomore						
Total Hours of Class Training	36						
Minimum Requirement to Receive Credit							

Length of Training Program 2 years at OHC (Transfer Program) Total Capacity 20

Average Enrollment: Men _____ Women 6 1st Term Students 6 Other Than 1st Term Students _____

No. of Students aged: 19 or under 5 20-24 1 25-29 _____ 30 or over _____

Tuition: Total \$325 a year Monthly Basis _____ Payment Plan \$162.50 a semester in advance

Other Fees _____ Books about \$45 Materials provided Equipment provided

Pre-requisite courses required none other than those required for admission to college

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT

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SPECIALIZED SCHOOL NAME Ottumwa School of Medical TechnologyStreet 1258 N. ElmCity Ottumwa, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 4-6506 Area Code _____ Administrator Dr. D. O. HolmanSponsor or Owner St. Joseph Hospital, Ottumwa Hospital, Physicians Clinic Lab.School Accredited by Counsel on Medical Education Hospitals, A.M.A. American Soc. Clin. PathologistsApplication for admission mailed to: Name Dr. Holman Title DirectorFee required with enrollment application: Amount No Refundable: Yes _____ No _____Is fee applied toward tuition and other charges: Yes D.A. No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____

Dates student may begin classes: _____

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors XPersons responsible for contacting Mrs. Barbara Hehmeyer Address Box 658 Ottumwa, IowaProspective Students: M.T. (Ascp) Address _____

Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When 3 months prior to trainingBy whom tested Mrs. B. Hehmeyer Position Teaching supervisorGraduate placement service: Yes _____ No _____ Person or agency responsible Mrs. HehmeyerStudent, part time work, placement service: Yes _____ No X

Person or agency responsible _____

First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home X % School owned _____ % YMCA/YWCA _____ % Private home _____ %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans _____ Workstudy _____ ~~Scholarship~~ \$100 per month other StipendMonthly room and board cost: None Admission Fee: No

Application for financial aid required: Yes _____ No _____ Deadline Date _____

Director of financial aid Mrs. HehmeyerTuition refund policy and schedule No tuitionHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Ottumwa School of Medical Technology

PROGRAM Medical Technology STARTING DATE September 1

Basic Subject Taught (names)	Chemistry	Bacteriology	Microbiology	Blood Bank	Hematology	Histology	Parasitology	Serology
No. different Subject Levels	Senior Year							
Total Hours of Class Training	440	308	176	440	176	176	44	176
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 50 weeks Total Capacity 8

Average Enrollment: Men 4 Women 4 1st Term Students 8 Other Than 1st Term Students

No. of Students aged: 19 or under 0 20-24 8 25-29 30 or over

Tuition: Total None required Monthly Basis Payment Plan

Other Fees None Books \$18.00 Materials None Equipment None-special uniforms

Pre-requisite courses required 90 semester hours college

Specific Pre-requisite Courses recommended 16 hours Chem. 16 hours Biology 53 hours Math.

Pre-enrollment or Placement test: Yes No X Tests Used 30 credit hours received for above training leading to B.S. Degree

SPECIALIZED SCHOOL NAME Ottumwa Hospital School of X-Ray TechStreet 1061 E. PennsylvaniaCity Ottumwa, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 682-7511 Area Code 515 Administrator Richard Schreiber

Sponsor or Owner _____

School Accredited by American Medical Association; American College of Radiology & American Registry of X-Ray TechniciansApplication for admission mailed to: Name Ottumwa Hospital X-Ray Tech Title DirectorFee required with enrollment application: Amount None * Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: Last week in June each yearSchool visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting none Address _____

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When Before admissionBy whom tested Iowa Employment Service Position _____Personal interview required: Yes X No _____ When Before admissionBy whom tested Director of Doctor Position _____Graduate placement service: Yes _____ No X Person or agency responsible _____Student, part time work, placement service: Yes X No _____

Person or agency responsible _____

First term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home X % School owned _____ % YMCA/YWCA _____ % Private home _____ %Public facilities X % Private rooming house _____ % Other _____ %Financial aids available: Loans No Workstudy no Scholarship no Other noMonthly room and board cost: _____ Admission Fee: noApplication for financial aid required: Yes _____ No X Deadline Date _____

Director of financial aid _____

Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____
 *A fee of \$30 covers book and incidental expenses. Students receive a stipend of \$25 a mo. the first year and \$100 a mo. the second year of enrollment in the school

SPECIFIC TRAINING PROGRAMS

Ottumwa Hospital School of X-Ray Technology

PROGRAM X-Ray Technology STARTING DATE Last week in June

Basic Subject Taught (names)	Physics	Anatomy	X-Ray Tech	X-Ray Pos.	Dark Room		Nursing	Medical
	Professional	Physiology	Special	Clinical	Chem. Tech	Protection	Procedure	Terminology
No. different Subject Levels	Ethics	X-Ray	Procedure	Office &				
		Therapy		Dpt. Adm.				
Total Hours of Class Training	205 total							
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2 years Total Capacity 10

Average Enrollment: Men varies Women 1st Term Students 5 Other Than 1st Term Students 5

No. of Students aged: 19 or under 5 20-24 5 25-29 30 or over

Tuition: Total Monthly Basis Payment Plan

Other Fees \$30 Books \$20 Materials Equipment \$10

Pre-requisite courses required Physics

Specific Pre-requisite Courses recommended Chemistry-Algebra, Geometry, Physiology, Biology

Pre-enrollment or Placement test: Yes X No Tests Used B-326 Test for X-Ray Technology

SPECIALIZED SCHOOL NAME Paris Academy of Beauty CultureStreet 315 $\frac{1}{2}$ 2nd Avenue S.E.City Cedar Rapids, Iowa 52401

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Marge Hahn - Educational Director

Telephone 365-9202 Area Code 319 Administrator Inez Fisher - ManagerSponsor or Owner Dr. Ray R. Lamb - 1214 42nd St. Des Moines, IowaSchool Accredited by State Department of HealthApplication for admission mailed to: Name Mrs. Inez Fisher Title ManagerFee required with enrollment application: Amount \$100 (or arrangements) Refundable: Yes X No in fullIs fee applied toward tuition and other charges: Yes X No in fullNotification of acceptance: To student X To parent in full To high school in full None in fullHigh school transcript required: Yes preferred High School recommendation: Requested in full Required preferredDates student may begin classes: Any Monday a.m. or classes June - Sept. - Jan.School visitation: Recommended X Required in full Includes: Parents X Students X Counselors XPersons responsible for contacting Marge Hahn Address SchoolProspective Students: Dr. R. R. Lamb Address School OwnerInez Fisher Address SchoolCompensated by: Straight Salary in full Commission in full Salary plus commission XEntrance Testing required: Yes in full No X When in fullBy whom tested in full Position in fullPersonal interview required: Yes X No in full When in fullBy whom tested Dr. Lamb or Mrs. Fisher Position Owner and Manager, respectivelyGraduate placement service: Yes X No in full Person or agency responsible SchoolStudent, part time work, placement service: Yes X No in fullPerson or agency responsible SchoolFirst term progress report sent to: Parents X Students X High School in full Other in fullStudents live: At home 50 % School owned in full % YMCA/YWCA in full % Private home 25 %Public facilities in full % Private rooming house 25 % Other in full %Financial aids available: Loans no Workstudy in full Scholarship no Other in fullMonthly room and board cost: approx. \$60 Admission Fee: 1 week in advanceApplication for financial aid required: Yes in full No X Deadline Date in fullDirector of financial aid in fullTuition refund policy and schedule In proportion to number of months in school - first month cost \$115.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No in full

SPECIFIC TRAINING PROGRAMS

Paris Academy of Beauty Culture

PROGRAM Cosmotology Course STARTING DATE June - Sept - Jan. or any Mon. A.M.

Basic Subject Taught (names)	Theory and Practical Training						
No. different Subject Levels	Fourteen (as listed in Iowa Law Curriculum)						
Total Hours of Class Training	48 hr. week (6 days of 8 hrs. each)						
Minimum Requirement to Receive Credit	2100 hrs. required for graduation						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program approx. 10½ months Total Capacity 125 average

Average Enrollment: Men 1½% Women 99% 1st Term Students All Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 none 25-29 none 30 or over 10%

Tuition: Total \$250 Monthly Basis \$265 Payment Plan \$115 down - \$15 month

1 locker

Other Fees \$6.00-rollers, Clipps Books no Materials no Equipment no

Pre-requisite courses required none required

Specific Pre-requisite Courses recommended Public Speaking, Salesmanship, Business Management, Chemistry, Art, Design, etc.

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME PATRICIA STEVENS CAREER COLLEGE & FINISHING SCHOOL

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Street 1510 Davenport StreetCity Omaha, NebraskaZIP CODE 68102Administrator F. Leonard TheissArea Code 402Telephone 348-1515Sponsor or Owner Educational Enterprises, Inc.School Accredited by School opened October 1, 1966. Will apply for state accreditation when eligible (1968)Application and information secured from: Name F. Leonard Theiss Title Director of AdmissionsApplication for admission submitted to: Name Mary Wathen or R. B. Ensminger Title Outside CounselorsAdmission Fee: \$ 25.00 Is the fee applied toward tuition and other charges: Yes X No Fee required with enrollment application: Amount same Is the fee applied toward tuition and other charges: Yes X No Notification of acceptance: To student X To parent X To high school High school transcript required: Yes X No High School recommendation: Requested Required School visitation: Recommended Required X Includes: Parents X Students X Counselors Persons responsible for contacting Mary Wathen Address 1510 Davenport Street, Omaha, Nebraskaprospective students; R. B. Ensminger Address 1510 Davenport Street, Omaha, NebraskaCompensated by: Straight Salary Commission X Salary plus commission Entrance Testing required: Yes X No When At time of interview in home with parents and student.By whom tested Mary Wathen or R. B. Ensminger Position Outside counselorInterview conducted by: F. Leonard Theiss Position Director of AdmissionsWhen: At time of interview in school with parents and prospective student.Graduate placement service: Yes X No Person or agency responsible (Mrs.) Darlene TheissStudent, part time work, placement service: Yes X No Person or agency responsible (Mrs.) Darlene TheissFirst term progress report sent to: Parents X Students X High School Other Students live: At home 8 % School owned 92 % YMCA/YWCA % Private home %Public facilities % leased new apts. in school vicinity - supervised with Resident Director % Private rooming house % Other %Average monthly room and board cost: \$60 furnished supervised apartment \$40 grocery & eating expense.Financial aids available: Institutional Loans \$ Workstudy \$ Scholarship \$ Grants \$ Application for financial aid submitted to (person): F. Leonard Theiss Deadline date for financial aid On interviewTuition refund policy and schedule As outlined in Nebraska State Code. Complete refund minus \$100 at school.non-refundable portion if student requests cancellation before classes are started. Prior to 4th week 80% refund; prior to 8th week 60% refund; prior to 12th week 40% refund; prior to 15th 20%.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME PATRICIA STEVENS CAREER COLLEGE & FINISHING SCHOOLADDRESS 1510 Davenport Street, Omaha, Nebraska 68102Specific Training Program EXECUTIVE SECRETARIAL Starting Date(s) September 9, 1968

Basic Subject Taught (names)	TYPING	SHORTHAND	Business Secretarial Procedures	Machines	Vocabulary Building & Spelling	
No. different Subject Levels	4	4	Business Correspondence	Business English	Principles of Indexing & Filing	
Total Hours of Class Training	225	225	EACH SUBJECT TAUGHT		Business Mathematics	
Minimum Requirement to Receive Credit	45 to 80 WPM	90-140 WPM	24 to 48 hours.	(TOTAL WEEKLY HOURS - 20)	Secretarial Accounting	
					Medical or Legal Terminology	

Finishing & Personal Development included in Executive Secretarial training.

Basic Subject Taught (names)	Visual Poise	Wardrobe	Voice & Diction	Adv. Whlse. Modeling
No. different Subject Levels	Adv. Vis. Poise	Figure Control	Speech Arts	Photographic Modeling
Total Hours of Class Training	Makeup	Ballroom Dancing	Personality	Fashion Shows
Minimum Requirement to Receive Credit	Hair Care		Social Graces	
	Each subject taught	10 to 24 hours.	(TOTAL WEEKLY HOURS - 5)	

Length of Training Program 11½ months Average Enrollment: Men _____ Women 150 Total Capacity 200No. of Students aged: 19 or under 90% 20-24 10% 25-29 _____ 30 or over _____Tuition: Total \$1490.00 Monthly Basis \$30 to \$150 Payment Plan 10% to 30% down at time of enrollment, balance payable in 12 to 36 monthly payments -- or \$490 down with \$1,000 due when classes begin.Books no charge Materials furnished Equipment furnished Other Required Costs noneEstimated minimum total cost to complete program \$ \$1490.00High School Diploma Required: Yes X No _____Pre-requisite courses required noneSpecific Pre-requisite Courses recommended Typing, shorthand, mathematics, speech or any business course.Pre-enrollment or Placement test: Yes X No _____ Tests Used Thurston Test of Mental Alertness

SPECIALIZED SCHOOL NAME PATRICIA STEVENS CAREER COLLEGE & FINISHING SCHOOLADDRESS 1510 Davenport Street, Omaha, Nebraska 68102Specific Training Program FASHION MERCHANDISING Starting Date(s) September 9, 1968

Basic Subject Taught (names)	1. Color & Design	5. Textiles II	9. Interior Dec.	13. Prin. of Buying
	2. Fashion Sketching	6. Non-Textiles	10. Sur. of Business	14. Business Writing
No. different Subject Levels	3. Fashion Illustrating	7. Home Furnishings I	11. Retailing	15. Salesmanship
	4. Textiles I	8. Home Furnishings II	12. Retail Advtg.	16. Ret. Sales Promotion
Total Hours of Class Training	EACH SUBJECT TAUGHT ONE QUARTER - 35 to 42 hours.			
Minimum Requirement to Receive Credit	(Weekly - 20 hours.)			
				17. Source of Fashion
				18. Ready to Wear
				19. Fashion Writing
				20. Merchandise Math

Finishing & Personal Development included in Fashion Merchandising training.

Basic Subject Taught (names)	Visual Poise	Wardrobe	Voice & Diction	Adv. Whlse. Modeling
	Adv. Vis. Poise	Figure Control	Speech Arts	Photographic Modeling
No. different Subject Levels	Makeup	Ballroom	Personality	Fashion Shows
	Hair Care		Social Graces	
Total Hours of Class Training	EACH SUBJECT TAUGHT 10 to 24 HOURS. (Weekly - 5 hours.)			
Minimum Requirement to Receive Credit				

Length of Training Program 11½ months Average Enrollment: Men _____ Women 150 Total Capacity 200No. of Students aged: 19 or under 90% 20-24 10% 25-29 _____ 30 or over _____Tuition: Total \$1490.00 Monthly Basis \$30 to \$150 Payment Plan 10% to 30% down at time of enrollment, balance payable in 12 to 36 monthly payments -- or \$90 down with \$1,000 due when classes begin.Books no charge Materials furnished Equipment furnished Other Required Costs noneEstimated minimum total cost to complete program \$ \$1490.00High School Diploma Required: Yes X No _____Pre-requisite courses required noneSpecific Pre-requisite Courses recommended Home economics, art, speech, basic math courses, typing.Pre-enrollment or Placement test: Yes X No _____ Tests Used Thurston Test of Mental Alertness



SPECIALIZED SCHOOL NAME Personnel Training InstituteStreet 2055 Harney StreetCity Omaha, NebraskaZIP CODE 68102

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator W. B. WeddingtonArea Code 402Telephone 346-3990Sponsor or Owner W. B. WeddingtonSchool Accredited by Nebraska State Board of EducationApplication and information secured from: Name W. B. Weddington Title PresidentApplication for admission submitted to: Name Business Office Title _____Admission Fee: \$ 100.00* Is the fee applied toward tuition and other charges: Yes Yes No _____Fee required with enrollment application: Amount 100.00* Is the fee applied toward tuition and other charges: Yes *Same Fee No _____Notification of acceptance: To student Yes To parent No To high school NoHigh school transcript required: Yes Yes No _____ High School recommendation: Requested No Required NoSchool visitation: Recommended Yes Required No Includes: Parents Yes Students Yes Counselors YesPersons responsible for contacting Robert Nieto Address Omaha, Nebraskaprospective students; Frank Scott Address Council Bluffs, IowaCompensated by: Straight Salary _____ Commission _____ Salary plus commission YesEntrance Testing required: Yes Yes No _____ When When student makes applicationBy whom tested Representative Position _____Interview conducted by: Representative Position _____When: In student's home when student makes applicationGraduate placement service: Yes Yes No _____ Person or agency responsible Mrs. Valada AcuffStudent, part time work, placement service: Yes Yes No _____Person or agency responsible Mrs. Thelma RussellFirst term progress report sent to: Parents Every 4 weeks Students _____ High School Placement Report other _____Students live: At home Very few % School owned _____ % YMCA/YWCA Occasional % Private home 20 %Public facilities 50 % Private rooming house 30 % Other _____ %Average monthly room and board cost: \$80-\$90 (Rate at local YWCA, with morning & evening meal, \$15 per week).Some can get by at lower cost; some can work for room and board.Financial aids available: Institutional Loans \$ 600 Maximum Workstudy \$ _____ Scholarship \$ _____ Grants \$ _____Application for financial aid submitted to (person): Business Office Deadline date for financial aid 1 month prior toTuition refund policy and schedule If student found not adaptable to training during first 30 days, student date of entrancedismissed and full refund given. If student drops out during 1st week, 80% refunded; 2nd week, 60%; 3rd week, 40%;4th week, 20%; later, noneHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No Exempt per Section 3, Item 9.

SPECIFIC TRAINING PROGRAMS

Personnel Training Institute

PROGRAMS Specialized Communications Training **STARTING DATE** Class dates shown other side
for Airlines and Industry

	Typing	Business Spelling	Business Administration	Teletype Operations	Teletype Procedure	Airlines Reservations	Personality Development	
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training	120	58	58	120	58	58	18	
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program Four months Total Capacity 240 *10 year ave.-66'

Average Enrollment: * Men Women 1st Term Students # Other Than 1st Term Students #

No. of Students aged: 19 or under 99% 20-24 1% 25-29 30 or over

Tuition: Total \$695 Monthly Basis Payment Plan per emc:psed scjedi:e

Only one level of training.

Other Fees none Books refundable deposit Materials none Equipment none

Pre-requisite courses required Typing

Specific Pre-requisite Courses recommended none except students must be high school graduates

Pre-enrollment or Placement test: Yes X No Tests Used Wonderlic, Otis

SPECIALIZED SCHOOL NAME Personnel Training InstituteADDRESS 2055 Harney Street, Omaha, Nebraska 68102Specific Training Program Communications and ReservationsStarting Date(s) 6-5-67; 7-24-67; 9-5-67;
10-2-67; 1-3-68.

Basic Subject Taught (names)	Advanced Typing	Business Spelling	Business Adminis..	Teletype Operations	Teletype Procedure	Airline Reservations	Data Processing (Elementary)	Personality Development
No. different Subject Levels								
Total Hours of Class Training	90	90	90	180	90	90	90	One period per week
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Six months Average Enrollment: Men Ten Year Ave. Women 664 Total Capacity 240No. of Students aged: 19 or under 99% 20-24 1% 25-29 _____ 30 or over _____Tuition: Total \$895.00 Monthly Basis* _____ Payment Plan* _____

*Applicant pays \$100 with application; applicant then pays \$195 on date of entrance; balance of \$600 payable over a period of 12 months at \$54.00 per month - 18 months at \$37.33 per month. A higher payment upon entrance would make the monthly payments lower.

Books Refundable deposit Materials no fees Equipment no fees Other Required Costs NoneEstimated minimum total cost to complete program \$ 895.00 tuitionHigh School Diploma Required: Yes Yes No _____Pre-requisite courses required At least one semester of high school typing

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes Yes No _____ Tests Used Wonderlic, Otis.

10/11/11

10/11/11

10/11/11

10/11/11

SPECIALIZED SCHOOL NAME Pointers Welding School
 Street 701 E. Avenue N. W.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 363-3092 Area Code _____ Administrator Gene Pointer
 Sponsor or Owner Gene Pointer
 School Accredited by Chamber of Commerce
 Application for admission mailed to: Name Gene Pointer Title Administrator
 Fee required with enrollment application: Amount \$125.00 Refundable: Yes X No _____
 Is fee applied toward tuition and other charges: Yes _____ No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____
 Dates student may begin classes: anytime day or night
 School visitation: Recommended X Required _____ Includes: Parents _____ Students _____ Counselors _____
 Persons responsible for contacting Gene Pointer Address 701 E. Ave. Cedar Rapids
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No _____ When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes _____ No _____ Person or agency responsible Gene Pointer
 Student, part time work, placement service: Yes _____ No _____
 Person or agency responsible _____
 First term progress report sent to: Parents _____ Students _____ High School _____ Other _____
 Students live: At home _____ % School owned _____ % YMCA/YWCA _____ % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: _____ Admission Fee: _____
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Pointers Welding School

PROGRAM Welding STARTING DATE anytime

Basic Subject Taught (names)	Arc Welding - all positions						
No. different Subject Levels							
Total Hours of Class Training	40 hours actual welding						
Minimum Requirement to Receive Credit							

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 40 hours Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$125.00 Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

Revised 4/26/67

SPECIALIZED SCHOOL NAME Radio Engineering InstituteStreet 2610 Leavenworth StreetCity Omaha, Nebraska 68105

ZIP CODE

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator W. B. Weddington Area Code 402 Telephone 345-8186Sponsor or Owner W. B. WeddingtonSchool Accredited by Nebraska State Board of EducationApplication and information secured from: Name Director of Admissions Title sameApplication for admission submitted to: Name Director of Admissions Title sameAdmission Fee: \$ 100.00 Is the fee applied toward tuition and other charges: Yes No **Fee required with enrollment application: Amount 100.00 Is the fee applied toward tuition and other charges: Yes No **Notification of acceptance: To student ** To parent To high school High school transcript required: Yes ** No High School recommendation: Requested ** Required School visitation: Recommended ** Required Includes: Parents ** Students ** Counselors **Persons responsible for contacting Mr. Charles W. Adams Address 2610 Leavenworth, Omaha, Nebraska 68105prospective students: Address Compensated by: Straight Salary Commission ** Salary plus commission Entrance Testing required: Yes ** No When During interviewBy whom tested School Representative Position Interview conducted by: School Representative Position When: at the time of applicationGraduate placement service: Yes ** No Person or agency responsible Mr. L. P. PetersonStudent, part time work, placement service: Yes ** No Person or agency responsible Mr. John J. KumkeFirst term progress report sent to: Parents upon request Students ** High School Other Students live: At home 33 % School owned 0 % YMCA/YWCA 0 % Private home 8 %Public facilities 0 % Private rooming house 9 % Other Apartment 50 %Average monthly room and board cost: \$ 80.00Financial aids available: Institutional Loans \$ 0 Workstudy \$ 0 Scholarship \$ 0 Grants \$ 0Application for financial aid submitted to (person): Deadline date for financial aid Tuition refund policy and schedule all unused tuition is refunded with the exception of the month in which withdrawal occurs.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes No ** not required per section 3, par. 9

SPECIALIZED SCHOOL NAME Radio Engineering InstituteADDRESS 2610 Leavenworth Street Omaha, Nebraska 68105

July, September, January, April

Specific Training Program Electronics Technician Starting Date(s) _____

Basic Subject Taught (names)	Basic D. C.	Basic Math	Basic A. C.	A. C. Machinery	Fundamental Vacuum Tubes	Solid State Comp.	Advanced Circuitry	Basic Communications
No. different Subject Levels	3	1	3	2	2	2	2	2
Total Hours of Class Training	189	45	175	137	39	60	169	370
Minimum Requirement to Receive Credit	70%	70%	70%	70%	70%	70%	70%	70%

Basic Subject Taught (names)	Advanced Comm.	High Freq. Tech.	Industrial Electronics	Advanced Math	Service Technology			
No. different Subject Levels	2	3	1	Integrated Throughout the Course	2			
Total Hours of Class Training	188	221	100		325			
Minimum Requirement to Receive Credit	70%	70%	70%	70%	70%			

Length of Training Program 18 months Average Enrollment: Men 150 Women 0 Total Capacity 400No. of Students aged: 19 or under 110 20-24 25 25-29 10 30 or over 5Tuition: Total \$ 1,720.00 Monthly Basis \$ 90.00 Payment Plan Monthly

Included in tuition Books Included in tuition Materials Included in tuition Equipment Other Required Costs 0

Estimated minimum total cost to complete program \$ \$ 1,720.00High School Diploma Required: Yes ** No _____Pre-requisite courses required Math and Science suggestedSpecific Pre-requisite Courses recommended Math and SciencePre-enrollment or Placement test: Yes ** No _____ Tests Used Wonderlic Exam

SPECIALIZED SCHOOL NAME Radio Engineering InstituteADDRESS 2610 Leavenworth Street, Omaha, Nebraska 68105

July, September, January, April

Specific Training Program Radio Television Technician Course

Starting Date(s) _____

Basic Subject Taught (names)	Basic D. C.	Basic A. C.	Basic Math	Vacuum Tubes	Solid State Comp.	Electronic Circuits	Advanced Circuits	Communications
No. different Subject Levels	2	2	1	2	2	2	2	1
Total Hours of Class Training	97	179	49	32	33	147	243	227
Minimum Requirement to Receive Credit	70%	70%	70%	70%	70%	70%	70%	70%

Basic Subject Taught (names)	High Freq. Tech.	Service Technology					
No. different Subject Levels	1	2					
Total Hours of Class Training	98	325					
Minimum Requirement to Receive Credit	70%	70%					

Length of Training Program 22 1/2 Months (part-time) Average Enrollment: Men 100 Women _____ Total Capacity 400No. of Students aged: 19 or under _____ 20-24 40 25-29 50 30 or over 10Tuition: Total \$ 1,225.00 Monthly Basis \$ 50.00 Payment Plan monthly

Included in tuition Included in tuition Included in tuition

Books _____ Materials _____ Equipment _____ Other Required Costs (0)

Estimated minimum total cost to complete program \$ 1,225.00High School Diploma Required: Yes ** No _____Pre-requisite courses required Math and science suggestedSpecific Pre-requisite Courses recommended Math and sciencePre-enrollment or Placement test: Yes ** No _____ Tests Used Wonderlic Exam

SPECIALIZED SCHOOL NAME Reisch American School of Auctioneering, Inc.Street 14 Oak DriveCity Mason City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 423-1465 Area Code 515 Administrator Joe ReischSponsor or Owner Col. Joe ReischSchool Accredited by None--however is approved by Veterans Adm. for G. I. TrainingApplication for admission mailed to: Name Col. Joe Reisch Title PresidentFee required with enrollment application: Amount none Refundable: Yes NoIs fee applied toward tuition and other charges: Yes NoNotification of acceptance: To student X To parent None To high school NoneHigh school transcript required: Yes No High School recommendation: Requested RequiredDates student may begin classes: First Monday of March, August and DecemberSchool visitation: Recommended No Required Includes: Parents Students CounselorsPersons responsible for contacting None Address Prospective Students: Address Address Compensated by: Straight Salary does not apply Commission Salary plus commission Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes No X When By whom tested Position Graduate placement service: Yes No X Person or agency responsible Student, part time work, placement service: Yes No XPerson or agency responsible First term progress report sent to: Parents Students High School OtherStudents live: At home % School owned % YMCA/YWCA % Private home %Public facilities % Private rooming house % Other %Financial aids available: Loans Workstudy Scholarship OtherMonthly room and board cost: included with tuition cost Admission Fee: Application for financial aid required: Yes No Deadline Date Director of financial aid Tuition refund policy and schedule Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Reisch American School of Auctioneering

PROGRAM Complete Course in Auctioneering STARTING DATE three terms each year--March, August, December

Basic Subject Taught (names)	learning	sales	salesman-	training in	advertisement	sales	voice	livestock
No. different Subject Levels	how to	talks	ship	reading	management		training &	judging
Total Hours of Class Training	chant			pedigrees			public	
Minimum Requirement to Receive Credit				132			speaking	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 weeks Total Capacity 150

Average Enrollment: Men 98 Women 2 1st Term Students X Other Than 1st Term Students 30 31-40 41-50 21 51-60 7

No. of Students aged: 19 or under 10 20-24 37 25-29 28 30-34 20 35-39 20

Tuition: Total \$175 including board and room Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No _____ Tests Used _____

SPECIALIZED SCHOOL NAME St. Joseph Hospital School of NursingStreet 312 East Alta VistaCity Ottumwa, Iowa 52501

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 684-4651 Area Code 515 Administrator Sister Mary PaulineSponsor or Owner St. Joseph Hospital, Ottumwa, IowaSchool Accredited by Iowa Board of Nursing; National League for NursingApplication for admission mailed to: Name Sister Mary Suzanne, C.H.M., R.N. Title Director, School of NursingFee required with enrollment application: Amount \$10 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____Dates student may begin classes: SeptemberSchool visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____

Persons responsible for contacting _____ Address _____

Prospective Students: _____ Address _____

Address _____

Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When _____By whom tested National League for Nursing Position _____Personal interview required: Yes X No _____ When Before admissionBy whom tested Sister Mary Suzanne, C.H.M., R.N. Position Director, School of NursingGraduate placement service: Yes _____ No X Person or agency responsible _____Student, part time work, placement service: Yes _____ No X (small amount in hospital)

Person or agency responsible _____

First term progress report sent to: Parents X Students _____ High School _____ Other _____Students live: At home 15 % School owned 85 % YMCA/YWCA _____ % Private home _____ %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____Monthly room and board cost: 1st year \$50-2nd year \$20 - 3rd year \$15 Admission Fee: \$10Application for financial aid required: Yes X No _____ Deadline Date _____Director of financial aid Director, School of Nursing

Tuition refund policy and schedule _____

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

St. Joseph Hospital School of Nursing

PROGRAM Nursing STARTING DATE September

Basic Subject Taught (names)	Basic Nursing Sciences & English						
No. different Subject Levels	Freshman	Junior	Senior				
Total Hours of Class Training	732	485	242				
Minimum Requirement to Receive Credit	C	C	C				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 months Total Capacity 76

Average Enrollment: Men _____ Women 71 1st Term Students 30 Other Than 1st Term Students 41

No. of Students aged: 19 or under 24 20-24 47 25-29 _____ 30 or over _____

Tuition: Total \$900 for 3 yrs. Monthly Basis _____ Payment Plan Semester

Maintenance \$850 - Insurance \$198 - Tests \$15 - School Pin \$15 - pre-Nursing Test \$10 - Chest X-ray \$10 -
Registration Fee \$10

Other Fees 3 years. \$65 Books 3 yrs. \$160 Materials Uniforms \$75 Equipment _____

Pre-requisite courses required Chemistry

Specific Pre-requisite Courses recommended English, Math, Social Studies, Foreign Language

Pre-enrollment or Placement test: Yes X No _____ Tests Used National League for Nursing Pre-Nursing Test & Guidance Test

SPECIALIZED SCHOOL NAME St. Joseph Mercy Hospital, School of Medical TechnologyStreet James and PeabodyCity Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-7241 Area Code 52001 Administrator Sr. M. AssumptaSponsor or Owner Sisters of MercySchool Accredited by American Society of Clinical PathologistsApplication for admission mailed to: Name Dr. R. G. Bernon Title PathologistFee required with enrollment application: Amount none Refundable: Yes No Is fee applied toward tuition and other charges: Yes No Notification of acceptance: To student X To parent To high school None High school transcript required: Yes X No High School recommendation: Requested X Required Dates student may begin classes: anytime after 3 yrs (pre-Med) collegeSchool visitation: Recommended Required X Includes: Parents Students X Counselors Persons responsible for contacting Address Prospective Students: Address Stipend Address Compensated by: ~~straight salary~~ \$75/mo Commission Salary plus commission Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes X No When By whom tested Pathologist Position Graduate placement service: Yes No Person or agency responsible Student, part time work, placement service: Yes No Person or agency responsible First term progress report sent to: Parents Students X High School Other Students live: At home % School owned % YMCA/YWCA % Private home %Public facilities % Private rooming house % Other X %Financial aids available: Loans Workstudy Scholarship Other Monthly room and board cost: Admission Fee: Application for financial aid required: Yes No Deadline Date Director of financial aid Tuition refund policy and schedule Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

St. Joseph Hospital School of Medical Technology

PROGRAM Medical Technology STARTING DATE Any time--12 consecutive months

Basic Subject Taught (names)	Hematology	Urinalysis	BMR & EKG	Parasitology	Chemistry	Bacteriology	Serology	Histology
No. different Subject Levels								
Total Hours of Class Training	on the job training for 12 consecutive months							
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Blood Banking						
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 12 months Total Capacity 3

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 X 25-29 _____ 30 or over _____

Tuition: Total None Monthly Basis _____ Payment Plan _____

Other Fees _____ Books X Materials _____ Equipment _____

Pre-requisite courses required 3 yrs college - pre-Med level

Specific Pre-requisite Courses recommended Chemistry, Biology, Physics, Math

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME St. Joseph Mercy School of Radiologic Technology
(X-Ray Technology)

Street James & Peabody

City Dubuque, Iowa ZIP CODE 52001

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Administrator Sister Mary Assumpta, R.S.M. Area Code 319 Telephone 582-7241

Sponsor or Owner Religious Sisters of Mercy, Detroit Province

School Accredited by American Medical Association, Council on Medical Education, ARRT

Application and information secured from: Name Gerald Richard Title Chief Technician

Application for admission submitted to: Name Same Title _____

Admission Fee: \$ None Is the fee applied toward tuition and other charges: Yes _____ No _____

Fee required with enrollment application: Amount None Is the fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student X To parent _____ To high school _____

High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X

School visitation: Recommended _____ Required X Includes: Parents _____ Students X Counselors _____

Persons responsible for contacting Gerald Richard Address X-Ray Department

prospective students; Same Address Same

Compensated by: ~~Stipend~~ Stipend * Commission No Salary plus commission No

Entrance Testing required: Yes X No _____ When Prior to acceptance

By whom tested Local Employment Service Position _____

Interview conducted by: Radiologist and Gerald Richard Position Radiologist, Chief Technician

When: Prior to acceptance

Graduate placement service: Yes _____ No X Person or agency responsible None

Student, part time work, placement service: Yes _____ No X

Person or agency responsible None

First term progress report sent to: Parents No Students Yes High School No Other No

Students live: At home 50 % School owned 0 % YMCA/YWCA 0 % Private home 0 %

Public facilities _____ % Private rooming house 50 % Other _____ %

Average monthly room and board cost: \$200.00

Financial aids available: Institutional Loans \$ None Workstudy \$ None Scholarship \$ None Grants \$ None

Application for financial aid submitted to (person): Not available Deadline date for financial aid _____

Tuition refund policy and schedule No tuition charged

Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes _____ No X

*-Students receive \$25.00 per month after completing first 6 months of the education program. Starting the second year, each student receives \$50.00 per month. CP48037 2/67

SPECIALIZED SCHOOL NAME St. Joseph Mercy School of Radiologic Technology

ADDRESS James & Peabody Streets, Dubuque, Iowa

Specific Training Program Radiologic Technology Starting Date(s) June of each year

Basic Subject Taught (names)	Physics	Anatomy Physiology	Position- ing	Darkroom Chemistry	Radiation Therapy	Ethics	Exposure Technique	Medical Terminology
No. different Subject Levels								
Total Hours of Class Training	40 hrs.	30 hrs.	50 hrs.	10 hrs.	10 hrs.	4 hrs.	30 hrs.	5 hrs.
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)	Office Procedures	Special Procedures	Radiograph Evaluation					
No. different Subject Levels								
Total Hours of Class Training	5 hrs.	20 hrs.	50 hrs.					
Minimum Requirement to Receive Credit								

Length of Training Program Two years Average Enrollment: Men 2 Women 10 Total Capacity 12

No. of Students aged: 19 or under 11 20-24 1 25-29 _____ 30 or over _____

Tuition: Total None Monthly Basis _____ Payment Plan _____

Books About \$40.00 Materials Furnished Equipment Furnished Other Required Costs Uniforms - \$80.00

Estimated minimum total cost to complete program \$ About \$120.00 excluding room and board

High School Diploma Required: Yes X No _____

Pre-requisite courses required Physics, biology and typing - chemistry recommended

Specific Pre-requisite Courses recommended As above

Pre-enrollment or Placement test: Yes X No _____ Tests Used B 326

SPECIALIZED SCHOOL NAME St. Joseph Mercy School of Nursing
 Street 2217 Court Street
 City Sioux City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 252-4301 Area Code 712 Administrator Sister M. Maurice, R.S.M., R.N.

Sponsor or Owner Religious Sisters of Mercy

School Accredited by Iowa Board of Nursing; National League for Nursing, Inc.

Application for admission mailed to: Name Sister M. Maurice, R.S.M. Title Director of Nursing Education

Fee required with enrollment application: Amount \$5.00 Refundable: Yes _____ No X

Is fee applied toward tuition and other charges: Yes _____ No X

Notification of acceptance: To student X To parent _____ To high school _____ None _____

High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X

Dates student may begin classes: New classes enroll in September each year. Transfers may enter at beginning of term or semester.

School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X

Persons responsible for contacting Various members of faculty Address 2217 Court Street, Sioux City

Prospective Students: & staff. Address _____

Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____

Entrance Testing required: Yes X No _____ When As a part of application

By whom tested _____ Position _____

Personal interview required: Yes X No _____ When Before final acceptance

By whom tested Director of Nursing Education Position _____

Graduate placement service: Yes X No _____ Person or agency responsible Administrator

Student, part time work, placement service: Yes X No _____

Person or agency responsible Personnel Service and Administrator

First term progress report sent to: Parents X Students _____ High School _____ Other _____

Students live: At home 1 % School owned 96 % YMCA/YWCA _____ % Private home 3 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____

Monthly room and board cost: \$15 per week, first year Admission Fee: \$10.00

Application for financial aid required: Yes X No _____ Deadline Date With application

Director of financial aid Administrator

Tuition refund policy and schedule 1st three weeks-80%; 4th week-60%; 5th week-40%; 6th week-20%; after 6th week 0%

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X Nor required.

SPECIFIC TRAINING PROGRAMS

St. Joseph Mercy School of Nursing

PROGRAM Professional Nursing STARTING DATE September

Basic Subject Taught (names)	Nursing	Basic Science	English Speech	Sociology	Psychology	Theology	Religion
No. different Subject Levels	6	2	3	1	3	1	5
Total Hours of Class Training	76	8	9	3	9	3	15
Minimum Requirement to Receive Credit	11	4	3	3	3	3	3

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 3 academic years Total Capacity 180

Average Enrollment: Men 2 Women 135 1st Term Students 60 Other Than 1st Term Students 75

No. of Students aged: 19 or under 100 20-24 33 25-29 1 30 or over 1

Tuition: Total \$1,500 Monthly Basis _____ Payment Plan ^{Yes} Student may elect to pay tuition due each semester in two payments.

Other Fees \$220.00 Books \$90.00 Materials _____ Equipment \$75.00

Pre-requisite courses required High school graduation

Specific Pre-requisite Courses recommended College preparatory course

Pre-enrollment or Placement test: Yes X No _____ Tests Used A.C.T., N.I.N. Pre-Nursing and Guidance

SPECIALIZED SCHOOL NAME St. Joseph Mercy School of Radiological Technology
 Street James and Peabody
 City Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-7241 Ext. 273 Area Code 52002 Administrator Sister Mary Assumpta
 Sponsor or Owner Religious Sisters of Mercy
 School Accredited by American Medical Association; American College of Radiology
 Application for admission mailed to: Name Gerlad Richard Title Chief Technician
 Fee required with enrollment application: Amount books and uniforms only Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required X
 Dates student may begin classes: June
 School visitation: Recommended Required X Includes: Parents Students X Counselors
 Persons responsible for contacting Gerald Richard Address 572½ West Fifth City
 Prospective Students: Address
 Address
 Compensated by: Straight Salary Commission X Salary plus commission
 Entrance Testing required: Yes X No When Prior to entrance
 By whom tested Gerald Richard Position Chief Technician
 Personal interview required: Yes X No When Prior to entrance
 By whom tested Gerald Richard Position Chief Technician
 Graduate placement service: Yes No X Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents Students High School Other
 Students live: At home X % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house X % Other %
 Financial aids available: Loans Workstudy Scholarship Other
 Monthly room and board cost: Admission Fee:
 Application for financial aid required: Yes No Deadline Date
 Director of financial aid
 Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

St. Joseph Hospital School of Radiological Technology
PROGRAM Radiological Technology **STARTING DATE** June

Basic Subject Taught (names)	Physics	Anatomy						
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program two years Total Capacity 10

Average Enrollment: Men 1 Women 9 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 9 20-24 1 25-29 _____ 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees _____ Books About \$40 Materials _____ Equipment _____

Pre-requisite courses required Physics, chemistry, and biology

Specific Pre-requisite Courses recommended As above

Pre-enrollment or Placement test: Yes X No _____ Tests Used B 326

SPECIALIZED SCHOOL NAME St. Joseph's Manor
 Street 1821 Sunset Drive
 City Bettendorf, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 355-2255 Area Code 319 Administrator Very Rev. Earl Niehaus
 Sponsor or Owner Washington Province of the Society of Mary
 School Accredited by North Central Association (Via Marycrest College)
 Application for admission mailed to: Name See above Title Administrator
 Fee required with enrollment application: Amount None Refundable: Yes N/A No N/A
 Is fee applied toward tuition and other charges: Yes N/A No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: Middle of September
 School visitation: Recommended X Required Includes: Parents X Students X Counselors
 Persons responsible for contacting Father James Jackson, SM Address St. Joseph's Manor
 Prospective Students: Address Bettendorf, Iowa
 Address
 Compensated by: Straight Salary N/A Commission N/A Salary plus commission N/A
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When Throughout the year
 By whom tested Admin. Spiritual Dtr. Position Dean of Studies
 Graduate placement service: Yes No X Person or agency responsible N/A
 Student, part time work, placement service: Yes No X
 Person or agency responsible N/A
 First term progress report sent to: Parents Students High School Other
 Students live: At home % School owned 100 % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans N/A Workstudy N/A Scholarship N/A Other N/A
 Monthly room and board cost: \$750/year Admission Fee: No
 Application for financial aid required: Yes No X Deadline Date N/A
 Director of financial aid N/A
 Tuition refund policy and schedule Prorated

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

St. Joseph's Manor

PROGRAM Liberal Arts STARTING DATE Mid-September

Basic Subject Taught (names)	English	History	Latin	Gen. Math.	Physics	Speech	Music	
No. different Subject Levels								
Total Hours of Class Training	(two years) 360	360	360	180	180	360	72	360
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 2 years Total Capacity 40

Average Enrollment: Men 20 Women N/A 1st Term Students 12 Other Than 1st Term Students 8

No. of Students aged: 19 or under 18 20-24 2 25-29 30 or over

Tuition: Total N/A Monthly Basis N/A Payment Plan N/A

Tuition included with Board and Room \$750.00 per year

Other Fees N/A Books Materials Equipment

Pre-requisite courses required High School - College Prep preferred

Specific Pre-requisite Courses recommended N/A

Pre-enrollment or Placement test: Yes X No Tests Used SAT

SPECIALIZED SCHOOL NAME St. Luke's Methodist Hospital School of Nursing
 Street 225 12th Street, N. E.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 364-0101 Area Code 319 Administrator Lucille Kinley, R. N.
 Sponsor or Owner St. Luke's Methodist Hospital Louis B. Blair, Hospital Administrator
 School Accredited by National League for Nursing; Iowa Board of Nursing
 Application for admission mailed to: Name Lucille Kinley, R. N. Title Director
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required X
 Dates student may begin classes: September each year
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Lucille Kinley, Director Address 225 12th St. N. E. Cedar Rapids, Iowa
 Prospective Students: Vera Ebert, Counselor Address " " " " " "
 Address
 Compensated by: Straight Salary N/A Commission N/A Salary plus commission N/A
 Entrance Testing required: Yes X No When Dec. or Jan. NLN Test recommended
 By whom tested Test centers as approved by the National League of Nurse Position
 Personal interview required: Yes X No When After tentative acceptance
 By whom tested Director Position
 Graduate placement service: Yes No X Person or agency responsible Information and assistance available
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home % School owned 100 % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans X Workstudy Scholarship Other
 Monthly room and board cost: None Admission Fee: None
 Application for financial aid required: Yes X No Deadline Date August 1 prior to admission
 Director of financial aid Lucille Kinley, R. N., Director, School of Nursing
 Tuition refund policy and schedule If before two weeks after admission 75% refund. Two and three weeks 50% refund.
Three and four weeks 25% refund. No refund after four weeks.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X (exempt)

SPECIFIC TRAINING PROGRAMS

St. Luke's Methodist Hospital School of Nursing

PROGRAM Diploma Nursing Program STARTING DATE September

	Orientation	Integrated Science	Communica. Skills	Psychology	Sociology	Religious Aspects	Nutrition & Diet	Medical-Surgical
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

	Mother & Infant	Psychiatric Nursing	Nursing History					
Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 months Total Capacity 200

Average Enrollment: Men Women 200 1st Term Students 75 Other Than 1st Term Students 125

No. of Students aged: 19 or under 125 20-24 74 25-29 30 or over

Tuition: Total \$2386 - total for 3 years Monthly Basis terms Payment Plan Monthly

Other Fees \$16 uniform deposit books included Books Materials Equipment

Pre-requisite courses required College preparatory

Specific Pre-requisite Courses recommended High School Algebra and Chemistry

Pre-enrollment or Placement test: Yes X No Tests Used NLN Pre-nursing Test; ACT recommended

SPECIALIZED SCHOOL NAME St. Luke's Methodist Hospital School of Practical Nursing
 Street 225 12th Street, N. E.
 City Cedar Rapids, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 364-0101 Area Code 319 Administrator Sara Fifhel, R. N.
 Sponsor or Owner St. Luke's Methodist Hospital Louis B. Blair, Hospital Administrator
 School Accredited by Iowa Board of Nursing
 Application for admission mailed to: Name Sara Fifhel, R. N. Title Director
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required X
 Dates student may begin classes: Late fall of each year
 School visitation: Recommended Required X Includes: Parents Students X Counselors
 Persons responsible for contacting S. Fishel Address School of Practical Nursing
 Prospective Students: V. Ebert Address School of Nursing
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes X No When December thru March, no definite dates
 By whom tested Coe College Personnel Position
 Personal interview required: Yes X No When At time of testing
 By whom tested Faculty Position
 Graduate placement service: Yes No X Person or agency responsible N/A
 Student, part time work, placement service: Yes No X
 Person or agency responsible N/A
 First term progress report sent to: Parents X Students High School Other
 Students live: At home % School owned 100 % YMCA/YWCA % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans X Workstudy No Scholarship No Other No
 Monthly room and board cost: \$600 yearly including tuition Admission Fee: \$50 applied to tuition
 Application for financial aid required: Yes X No Deadline Date
 Director of financial aid S. Fishel
 Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

St. Luke's Methodist Hospital School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE Fall

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Body Structure	Life Span	Fundamental of Nursing	Per. Voc. Comm. Health	Foods & Nutrition	Care of Children	Medical- Surgical	Emotionally Ill

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Mother & infant							

Length of Training Program 12 months Total Capacity 34

Average Enrollment: Men _____ Women 32 1st Term Students 32 Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 10% 25-29 _____ 30 or over _____

Tuition: Total \$600 Monthly Basis _____ Payment Plan _____

Payment plan is handled on an individual basis.

Other Fees _____ Books \$50 Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended General high School courses

Pre-enrollment or Placement test: Yes X No _____ Tests Used Math, Reading, and Academic Ability

SPECIALIZED SCHOOL NAME SECURITY Training Institute, Div. Career Training Center

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Street 431 S. Dearborn Street, Chicago, Ill. 60605City and The Plaza, Calvert City, Kentucky, 42029

ZIP CODE

Administrator Ed.W. Williams Area Code 312 Telephone 427-6626Sponsor or Owner Sentinel Training Service Inc.School Accredited by State of Illinois - Private Business Schools State Board, Certificate #843Application and information secured from: Name Ed.W. Williams Title PresidentApplication for admission submitted to: Name Jim Athen, Guidance Services Section Title ConsultantAdmission Fee: \$ 250.00 Is the fee applied toward tuition and other charges: Yes X NoFee required with enrollment application: Amount all or part Is the fee applied toward tuition and other charges: Yes X NoNotification of acceptance: To student Yes To parent Yes To high school No.High school transcript required: Yes No X High School recommendation: Requested No. Required No.School visitation: Recommended No. Required No. Includes: Parents No Students No Counselors NoPersons responsible for contacting Counselors-see attached Address see attached

prospective students: Address

Compensated by: Straight Salary ----- Commission ----- Salary plus commission YesEntrance Testing required: Yes No X When Not if high school graduateBy whom tested see above Position CounselorInterview conducted by: Counselor Position CounselorWhen: At convenience of student with parents attendingGraduate placement service: Yes No X Person or agency responsibleStudent, part time work, placement service: Yes No XPerson or agency responsible NoneFirst term progress report sent to: Parents No Students X High School No Other No.Students live: At home 100 % School owned None % YMCA/YWCA No % Private home No %Public facilities No % Private rooming house No % Other No %Average monthly room and board cost: Not applicableFinancial aids available: Institutional Loans \$ No. Workstudy \$ No Scholarship \$ No Grants \$ NoneApplication for financial aid submitted to (person): Not applicable Deadline date for financial aid No.Tuition refund policy and schedule see enrollment agreementHas information, as mandated by Law, been filed with the State Department of Public Instruction: Yes X No

SPECIALIZED SCHOOL NAME Security Training Institute Div, Career Training CenterADDRESS 431 S Dearborn St., Chicago, Ill. and The Plaza, Calvert City, KentuckySpecific Training Program see academic calender enclosed Starting Date(s) none indicated

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program Dependent on student Average Enrollment: Men 50 Women 50 Total Capacity class facilities 30No. of Students aged: 19 or under No statistics available 20-24 NSA 25-29 NSA 30 or over NSATuition: Total \$250.00 cash Monthly Basis 295.00 @ 20.00 per month Payment Plan YesBooks sup. without cost Materials Equipment Furnished Other Required Costs NoneEstimated minimum total cost to complete program \$ 250.00High School Diploma Required: Yes No XPre-requisite courses required NoneSpecific Pre-requisite Courses recommended High SchoolPre-enrollment or Placement test: Yes No Tests Used No. When applicabale- our own

ADDRESS 431 S. Dearborn St., Chicago, Ill. and The Plaza, Calvert City, Ky.Specific Training Program see academic calender enclosed Starting Date(s) None indicated

Basic Subject Taught (names)

See academic calender and Outline of subjects attached

No. different Subject Levels

High School and College for specific courses

Total Hours of Class Training

All Home Study

Minimum Requirement
to Receive Credit

Credits not issued - 85 average required for completion certificate issued

Basic Subject Taught (names)

See Academic Calender and Subject Outline attached

No. different Subject Levels

High School and College for specific courses

Total Hours of Class Training

All Home Study

Minimum Requirement
to Receive Credit

Credits not issued - 85 average required for completion certificate issued

Length of Training Program dependent on student progress Average Enrollment: Men 50 Women 50 Total Capacity Class facilities 30No. of Students aged: 19 or under No statistics available 20-24 NSA 25-29 NSA 30 or over NSATuition: Total \$250.00 cash Monthly Basis 295.00 @ 20.00 per mo. Payment Plan YesBooks supplied without add. cost Materials _____ Equipment furnished Other Required Costs NoneEstimated minimum total cost to complete program \$ \$250.00High School Diploma Required: Yes _____ No X

None

Pre-requisite courses required _____Specific Pre-requisite Courses recommended High SchoolPre-enrollment or Placement test: Yes _____ No X Tests Used When applicable - our own.

SPECIALIZED SCHOOL NAME SECURITY TRAINING INSTITUTE, Div. Career Training Center

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Street 431 S. Dearborn St, Chicago, Ill. 60605 andThe Plaza, Calvert City, Kentucky, 42029

City _____

ZIP CODE _____

Administrator Ed.W.Williams Area Code _____ Telephone 427-6626Sponsor or Owner Sentinel Training Service Inc.School Accredited by State of Illinois-Private Business School State Board, Certificate # 843Application and information secured from: Name Ed.W. Williams Title PresidentApplication for admission submitted to: Name Ed.W.Williams Title PresidentAdmission Fee: \$ 250.00 Is the fee applied toward tuition and other charges: Yes ☒ No _____Fee required with enrollment application: Amount \$50.00 Is the fee applied toward tuition and other charges: Yes ☒ No _____Notification of acceptance: To student Yes To parent Yes To high school No.High school transcript required: Yes _____ No ☒ High School recommendation: Requested No Required NoSchool visitation: Recommended _____ Required No Includes: Parents No Students No Counselors _____Persons responsible for contacting Willard Poole-Oscar Legvold-Mary Flood (The Plaza, Calvert City, Ky.prospective students; James Oates. Address (" " " " "Compensated by: Straight Salary _____ Commission _____ Salary plus commission YesEntrance Testing required: Yes _____ No ☒ When Not if high school graduateBy whom tested counsellors named herein Position _____Interview conducted by: counsellors named herein Position _____When: at convenience of student with parents attendingGraduate placement service: Yes _____ No ☒ Person or agency responsible _____Student, part time work, placement service: Yes _____ No ☒Person or agency responsible NoneFirst term progress report sent to: Parents _____ Students ☒ High School No Other NoStudents live: At home 100 % School owned None % YMCA/YWCA No % Private home No %Public facilities No % Private rooming house No % Other No %Average monthly room and board cost: Not applicableFinancial aids available: Institutional Loans \$ No Workstudy \$ No Scholarship \$ No Grants \$ NoneApplication for financial aid submitted to (person): Not applicable Deadline date for financial aid NoneTuition refund policy and schedule Full refund if student fails to pass C.S. examination.Upon completion of course, if student fails the CS exam. and submits proof thereof,full refund of tuition is made.Has information, as mandated by Law, been filed with the State Department of Public Instruction: Yes ☒ No _____

SPECIALIZED SCHOOL NAME Security Training Institute Div., Career Training Center

ADDRESS 431 S. Dearborn St., Chicago, Ill. and The Plaza, Calvert City, Ky.

Specific Training Program General Training preparatory for Civil Service examinations. Starting Date(s) None indicated

Basic Subject Taught (names)	spelling-vocabulary-mathematics- English Usage-Business Correspondence-filing
No. different Subject Levels	verbal analogies-civics-name & address checking-postal schemes-proof reading- etc. high school and college
Total Hours of Class Training	none for correspondence courses-60 if resident training
Minimum Requirement to Receive Credit	70%

Basic Subject Taught (names)	spelling-vocabulary-mathematics-English Usage-Business Correspondence-filing
No. different Subject Levels	verbal analogies-civics-name & address checking-postal schemes-proof reading etc. high school and college
Total Hours of Class Training	none for correspondence courses-60 if resident training
Minimum Requirement to Receive Credit	70%

Length of Training Program Dependent on student Average Enrollment: Men 50 Women 50 Total Capacity class facilities 30

No. of Students aged: 19 or under est. 200 20-24 est. 300 25-29 est. 300 30 or over est. 400

Tuition: Total 250.00 Monthly Basis 295.00 @ 20.00 per month Payment Plan Yes
Minimum d/p required, \$50.00. If balance is paid within 30 days, cash price applies.

Books all supplied without cost Materials all supplied without cost Equipment furnished Other Required Costs None

Estimated minimum total cost to complete program \$ 250.00

High School Diploma Required: Yes No No.

Pre-requisite courses required None

Specific Pre-requisite Courses recommended College prep. or commercial course -high school

Pre-enrollment or Placement test: Yes No Tests Used X Entrance preliminary-a general test of 90 questions and problem to determine background knowledge of student.

SPECIALIZED SCHOOL NAME Sioux City Barber College
 Street 925 - 4th Street
 City Sioux City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 258-9047 Area Code 51101 Administrator Herbert H. Smith
 Sponsor or Owner Harry H. Smith, Owner
 School Accredited by Approved by Health Department State of Iowa Barber Division
 Application for admission mailed to: Name Sioux City Barber College Title _____
 Fee required with enrollment application: Amount \$60 Refundable: Yes X No _____
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required _____
 Dates student may begin classes: January, May and September
 School visitation: Recommended _____ Required X Includes: Parents X Students X Counselors X
 Persons responsible for contacting _____ Address _____
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Graduate placement service: Yes _____ No X Person or agency responsible _____
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents _____ Students X High School _____ Other _____
 Students live: At home 10 % School owned _____ % YMCA/YWCA 20 % Private home 30 %
 Public facilities _____ % Private rooming house 30 % Other 10 %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: \$110 Admission Fee: \$60
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule none--tuition paid monthly

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Sioux City Barber College

PROGRAM Barbering STARTING DATE Jan., May and Sept.

Basic Subject Taught (names)	Demonstrations & Lectures			Supervised Practice		
No. different Subject Levels	16			7		
Total Hours of Class Training	381			1374		
Minimum Requirement to Receive Credit	Passing grades			passing grades		

Basic Subject Taught (names)						
No. different Subject Levels						
Total Hours of Class Training						
Minimum Requirement to Receive Credit						

Length of Training Program nine months Total Capacity 25

Average Enrollment: Men 24 Women 1 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 5 20-24 17 25-29 2 30 or over 1

Tuition: Total \$540 Monthly Basis yes Payment Plan none

Other Fees \$12 smocks Books \$7.50 Materials _____ Equipment \$53.50 (student's property)

Pre-requisite courses required tenth grade education

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes _____ No X Tests Used none

SPECIALIZED SCHOOL NAME South Dakota Vocational-Technical~~xxxx~~ School of Southern State Collegecity Springfield, South Dakota

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 108

Area Code _____

Administrator _____

Dr. Allen R. Millar; Pres.

Dr. Clair Blikow, Dean

Sponsor or Owner State of South Dakota

Mr. Thomas Stone, Dir. of V.E.

School Accredited by NCA & NCATEApplication for admission mailed to: Name Mr. Floyd ThompsonTitle Dir. of AdmissionsFee required with enrollment application: Amount none

Refundable: Yes _____ No _____

Is fee applied toward tuition and other charges: Yes _____ No _____

Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: Sept. all programs Feb. & June - Auto MechanicsSchool visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting Mr. Floyd ThompsonAddress Springfield, South Dak.Prospective Students: Mr. Thomas StoneAddress Springfield, South Dak.

Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When Prior to acceptanceBy whom tested ACT - local school GABT - employment office Position _____Personal interview required: Yes _____ No X When _____

By whom tested _____ Position _____

Graduate placement service: Yes X No _____ Person or agency responsible Mr. Laurel IversonStudent, part time work, placement service: Yes X No _____Person or agency responsible Mrs. Marcella LudensFirst term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 10 % School owned 50 % YMCA/YWCA _____ % Private home 40 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy X Scholarship X Other _____Monthly room and board cost: \$25.40 Admission Fee: \$5 Matriculation feeApplication for financial aid required: Yes X No _____ Deadline Date Varies with type of aidDirector of financial aid Mr. Lee DeBoerTuition refund policy and schedule One week or less, 80% refund; above one week, including two, 60%above two-weeks, including three, 40%; above three, including four, 20%; over four weeks 0%

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____ N.A.

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Auto Body Repair

STARTING DATE Sept. 8, 1966

	Auto Body Lab.	Auto Body Rel. Science	Communica- tions	Tech. Math	Front Susp. Lab			
Basic Subject Taught (names)								
No. different Subject Levels	2	2	3	3	1			
Total Hours of Class Training	540	180	98	98	180			
Minimum Requirement to Receive Credit	D	D	D	D	D			

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 11 months Total Capacity 16

Average Enrollment: Men 15 Women _____ 1st Term Students 15 Other Than 1st Term Students _____

No. of Students aged: 19 or under 14 20-24 1 25-29 _____ 30 or over _____

Tuition: Total \$399/Res.; \$940/non-res. Semester Monthly Basis \$152/res. \$320/non-res. Payment Plan _____

Other Fees \$27.50 per sem. Books \$25 per sem. Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical
PROGRAM Drafting

STARTING DATE Sept. 8, 1966

	Drafting Lab.	Rel Science	Tech Math	Tech Commun.	Communi- cations	Physics		
Basic Subject Taught (names)								
No. different Subject Levels	4	2	4	2	2	2		
Total Hours of Class Training	1080	108	216	108	108	108		
Minimum Requirement to Receive Credit	D	D	D	D	D	D		

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 42

Average Enrollment: Men 30 Women _____ 1st Term Students 18 Other Than 1st Term Students 12

No. of Students aged: 19 or under 25 20-24 4 25-29 1 30 or over _____

Tuition: Total Same as Auto Body Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Drafting, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Auto Mechanics

STARTING DATE June 6, Sept. 8, 1966, Jan. 30, 1967

Basic Subject Taught (names)	Auto Mech. Lab.	Auto Mech. Rel.	Communica- tions	Tech. Math				
No. different Subject Levels	4	4	4	4				
Total Hours of Class Training	1080	360	144	144				
Minimum Requirement to Receive Credit	D	D	D	D				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 semesters Total Capacity 96

Average Enrollment: Men 96 Women _____ 1st Term Students 50 Other Than 1st Term Students 46

No. of Students aged: 19 or under 70 20-24 20 25-29 6 30 or over _____

Tuition: Total Same as Auto Body Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Carpentry & Cabinet Making **STARTING DATE** Sept. 1, 1966

Basic Subject Taught (names)	Cabinet-Making	Carpentry	Rel Science	Tech Math	Communications			
No. different Subject Levels	2	2	4	4	4			
Total Hours of Class Training	540	540	360	144	144			
Minimum Requirement to Receive Credit	D	D	D	D	D			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 4 semesters Total Capacity 45

Average Enrollment: Men 40 Women _____ 1st Term Students 22 Other Than 1st Term Students 18

No. of Students aged: 19 or under 34 20-24 5 25-29 1 30 or over _____

Tuition: Total Same as Auto Body Rep. Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Radio & TV Servicing STARTING DATE Sept. 8, 1966

Basic Subject Taught (names)	Basic Circuits	DC & AC Current	Math	Lab.	Communi- cations	Transistors	Drafting	Color T.V.
No. different Subject Levels	4	2	2	4	4	1	1	2
Total Hours of Class Training	270	108	108	440	198	54	36	90
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 45

Average Enrollment: Men 33 Women _____ 1st Term Students 23 Other Than 1st Term Students 10

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total Same as Auto Body Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Advanced Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Industrial Electronics

STARTING DATE Sept. 8, 1966

Basic Subject Taught (names)	Circuits	DC & AC Current	Math	Physics	Ind. Elect. Lab	Tech Communic.	Elect. Drafting	Transistors Networks, Antennas
No. different Subject Levels	4	2	2	2	4	3	2	2
Total Hours of Class Training	270	108	108	108	720	144	72	108
Minimum Requirement to Receive Credit	D	D	D	D	D	D	D	D

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 20

Average Enrollment: Men 16 Women _____ 1st Term Students 10 Other Than 1st Term Students 6

No. of Students aged: 19 or under 12 20-24 2 25-29 1 30 or over _____

Tuition: Total Same as Auto Body Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Diesel STARTING DATE Sept. 8, 1966

Basic Subject Taught (names)	Diesel IHD	Rel. Science	Tech. Math	Communications			
No. different Subject Levels	2	2	2	2			
Total Hours of Class Training	540	180	72	72			
Minimum Requirement to Receive Credit	D	D	D	D			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program _____ Total Capacity _____

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total Same as Auto Body Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required 2 semesters Auto Mechanics

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

SPECIFIC TRAINING PROGRAMS

South Dakota Vocational-Technical

PROGRAM Machine Shop

STARTING DATE Sept. 8, 1966

Basic Subject Taught (names)	Machine Shop Lab	Math	Tech Communic.	Communic.	Rel. Sci. for Mach.			
No. different Subject Levels	4	4	2	2	4			
Total Hours of Class Training	1080	144	108	72	360			
Minimum Requirement to Receive Credit	D	D	D	D	D			

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 4 semesters Total Capacity 32

Average Enrollment: Men 17 Women _____ 1st Term Students 15 Other Than 1st Term Students 2 New Programs

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total Same as Auto Body Rep. Monthly Basis _____ Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Ind. Arts, Math, Science

Pre-enrollment or Placement test: Yes X No _____ Tests Used ACT, GATB

10/10/10

10/10/10

SPECIALIZED SCHOOL NAME Stewart School of Hairstyling
 Street 103 West Broadway
 City Council Bluffs, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 328-2613 Area Code 712 Administrator Mr. Louis Maurice
 Sponsor or Owner Cordon Stewart Sioux Falls, South Dakota
 School Accredited by The Iowa State Department of Health, Iowa State Board of Cosmetology Examiners
 Application for admission mailed to: Name Mr. Louis Maurice Title Manager
 Fee required with enrollment application: Amount none Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes No X High School recommendation: Requested Required X
 Dates student may begin classes: February, June, August, October
 School visitation: Recommended X Required Includes: Parents X Students Counselors
 Persons responsible for contacting Mr. Louis Maurice Address 103 W. Broadway, Council Bluffs
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes No When
 By whom tested Position
 Graduate placement service: Yes X No Person or agency responsible Mr. Louis Maurice
 Student, part time work, placement service: Yes X No
 Person or agency responsible Mr. Louis Maurice
 First term progress report sent to: Parents X every 2 mos. Students High School Other
 Students live: At home 27 % School owned % YMCA/YWCA % Private home 18 %
 Public facilities % Private rooming house 51 % Other 4 %
 Financial aids available: Loans working with bank Workstudy Scholarship Other
 Monthly room and board cost: \$70 Admission Fee:
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid
 Tuition refund policy and schedule After a 3 wk observation period, and a student is not capable of dressing hair or unable to get passing grades in theory a change of vocation is recommended and all of the tuition is refunded whether she has paid \$100 or \$450. A kit of equipment and text books are issued the student on the day of enrollment which becomes the property of the student. If she chooses to keep the kit after this 3 wks \$35 would be deducted from the \$100 or \$450, whichever the case may be. If she does not want to keep the kit the school will buy it back from her.
 Has information, as mandated by Senate File 560 been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Stewart School of Hairstyling

PROGRAM Cosmetology STARTING DATE June, August, October, February

Basic Subject Taught (names)	Shampoo'g Scalp Treat	Facial Massage	Manicuring	Hair Coloring	Permanent Waving	Finger Waving	Hair cutting	Sterilization Sanitation
No. different Subject Levels	251	150	75	225	559	240	170	85
Total Hours of Class Training	"	"	"	"	"	"	"	"
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	"

Basic Subject Taught (names)	Law mgmt. Salesmanship	Charn					
No. different Subject Levels	275	70					
Total Hours of Class Training	"	"					
Minimum Requirement to Receive Credit	"	"					

Length of Training Program 2100 hours over 11 months Total Capacity 90

Average Enrollment: Men 2 Women 70 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 66 20-24 4 25-29 3 30 or over 4

Tuition: Total \$450 on enrollment Monthly Basis _____ Payment Plan \$100 down on enrollment
and 10 monthly payments of \$37.50 - total \$475

Other Fees none Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Art

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Stewart School of Hairstyling
 Street 710 Pierce Street
 City Sioux City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 255-7971 Area Code 712 Administrator Regional Manager; Charley Kriglstein

Sponsor or Owner Stewart's Inc.

School Accredited by Iowa State Board of Cosmetology; Member of Iowa Beauty School Association
Member of National Cosmetology Schools Association

Application for admission mailed to: Name Wes Hendriks Title Manager

Fee required with enrollment application: Amount none Refundable: Yes No

Is fee applied toward tuition and other charges: Yes No not applicable--no fee

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes No X High School recommendation: Requested Required

Dates student may begin classes: February 7, June 13, August 15, October 17

School visitation: Recommended Required X Includes: Parents X Students Counselors

Persons responsible for contacting Charley Kriglstein Address 3821 Cheyenne Blvd. Sioux City, Ia

Prospective Students: Wesley Hendriks Address 2519 McFaul, Sioux City, Ia.

Address

Compensated by: Straight Salary Commission Salary plus commission

Entrance Testing required: Yes No When Students are on a three week trial period

By whom tested All instructors submit individual recommendations Position

Personal interview required: Yes X No When Prior to starting

By whom tested Wes Hendriks; Marcella McMahon Position Manager and Secretary, respectively

Graduate placement service: Yes X No Person or agency responsible Charley Kriglstein

Student, part time work, placement service: Yes X No

Person or agency responsible Marcella McMahon

First term progress report sent to: Parents X Students High School Other

Students live: At home 33 % School owned % YMCA/YWCA % Private home 8.25 %

Public facilities 37 % Private rooming house 8.25 % Other 12.5 %

Financial aids available: Loans Bank Workstudy Scholarship Other

Monthly room and board cost: Approx. \$50-\$65 mo. Admission Fee:

Application for financial aid required: Yes X No Deadline Date

Director of financial aid Charley Kriglstein, Wesley Hendriks

Tuition refund policy and schedule Three week trial period; if not adept, complete tuition refund, otherwise, the student uses up her tuition at the rate of \$30 a week; maximum amount would never exceed tuition, which is \$450 Example:

Student attends for 10 weeks; \$300 tuition charge, \$150 refunded

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

Not applicable under Senate File 560

SPECIFIC TRAINING PROGRAMS

Stewart School of Hairstyling

PROGRAM Cosmetology STARTING DATE Feb. 7, June 13, Aug. 15, Oct. 17

Basic Subject Taught (names)	Basic Hairstyling			Advanced Hairstyling			
No. different Subject Levels	2			2			
Total Hours of Class Training	710			1390			
Minimum Requirement to Receive Credit	Passing grades			Passing grades			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 2100 hours Total Capacity 175

Average Enrollment: Men 3 Women 130 1st Term Students Other Than 1st Term Students not applicable

No. of Students aged: 19 or under 110 20-24 13 25-29 2 30 or over

Tuition: Total \$450 Monthly Basis \$475 Payment Plan \$100 down with payments of \$37.50 for 10 months

Other Fees none Books Incl. in tuition Materials Incl. in tuition Equipment Incl. in tuition

Pre-requisite courses required none

Specific Pre-requisite Courses recommended Fundamental Art, Bookkeeping

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Thompson Beauty School
 Street 707 Locust Street
 City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 244-1414 Area Code 515 Administrator Bernard O. Chauss
 Sponsor or Owner Robert Gorkin and Harry Lowin
 School Accredited by Licensed by Iowa Department of Health
 Application for admission mailed to: Name Application made in person only Title _____
 Fee required with enrollment application: Amount \$50 Refundable: Yes \$35 No _____
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required X
 Dates student may begin classes: Any Monday but prefer 10¹/₂ months before date of each State Board Exam
 School visitation: Recommended _____ Required _____ Includes: Parents X Students _____ Counselors _____
 Persons responsible for contacting Mr. Bernard Chauss Address 707 Locust, Des Moines
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary Info. not available Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When Prior to acceptance of Application
 By whom tested Staff Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible School
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible School
 First term progress report sent to: Parents X Students _____ High School _____ Other _____
 Students live: At home 20 % School owned _____ % YMCA/YWCA 5 % Private home 10 %
 Public facilities 65 % Private rooming house _____ % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: Optional with student Admission Fee: none
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid NONE
 Tuition refund policy and schedule No refund after starting training

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Thompson Beauty School

PROGRAM Cosmetology STARTING DATE Any Monday

Basic Subject Taught (names)	Shampoo'g T & P*	Hist. of Marcell'g	Facial Massage*	Electric Devices	Anat. & Scalp Tr.	Manicuring T & P*	Color'g T & P*	Permanent Waving T & P*
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	100	1	150	25	125	75	225	559
Minimum Requirement to Receive Credit	80	80	80	80	80	80	80	80

Basic Subject Taught (names)	Finger Waving T&P*	Cutting T & P*	Sanitation	Tests	Iowa	Management	Ethics	Study
No. different Subject Levels	1	1	1		1	1	1	
Total Hours of Class Training	240	170	85	50	100	110	40	45
Minimum Requirement to Receive Credit	80	80	80	80	80	80	80	80

*Theory and Practical & Practice

Length of Training Program 2100 hours Total Capacity 125

Average Enrollment: Men 5 Women 85 1st Term Students 90 Other Than 1st Term Students none

No. of Students aged: 19 or under 90% 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$325 cash Monthly Basis \$355 Payment Plan \$100 by entry

\$25.50 per month for ten months

Other Fees none Books _____ Materials _____ Equipment _____

Pre-requisite courses required none

Specific Pre-requisite Courses recommended none

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Tobin Career College, Inc.
 Street East Mason Building
 City Fort Dodge, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 576-6431 Area Code 50501 Administrator H. W. Mooney
 Sponsor or Owner H. W. Mooney
 School Accredited by United Business Schools Association
 Application for admission mailed to: Name School Office Title -
 Fee required with enrollment application: Amount \$25.00 Refundable: Yes X No
 Is fee applied toward tuition and other charges: Yes No X (if not accepted)
 Notification of acceptance: To student X To parent X To high school None
 High school transcript required: Yes X No High School recommendation: Requested X Required
 Dates student may begin classes: (None-graduates may apply) Jan 1 - Mar 15 - June 15 - Sept 15
 School visitation: Recommended X Required Includes: Parents X Students X Counselors X
 Persons responsible for contacting Mrs. Eleanor DeNio Address 1453 South 26th - Fort Dodge
 Prospective Students: Address
 Address
 Compensated by: Straight Salary X Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When Prior to admission
 By whom tested Mrs. DeNio Position Registrar
 Graduate placement service: Yes X No Person or agency responsible Mrs. DeNio
 Student, part time work, placement service: Yes X No
 Person or agency responsible School
 First term progress report sent to: Parents X Students X High School Other
 Students live: At home 33 % School owned 17 % YMCA/YWCA 50 % Private home %
 Public facilities % Private rooming house % Other %
 Financial aids available: Loans X Workstudy Scholarship Other
 Monthly room and board cost: Assumed by student Admission Fee: None (\$25.00 Registration fee)
 Application for financial aid required: Yes No X Deadline Date None
 Director of financial aid None
 Tuition refund policy and schedule Tuition paid on four (4) week basis. Non-refundable except in a case where there may be total disability involved.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Tobin Career College, Inc.

PROGRAM Accounting and Machines STARTING DATE Jan 1 - March 15 - June 15 - Sept 15.

Basic Subject Taught (names)	Accounting	Bus. Math.	Typing	Bus. Law	Bus. Eng.	Key Punch	Bus. Mach.	Elect.
No. different Subject Levels	4	2	1	2	2	1	1	25 credits
Total Hours of Class Training	250	100	60	100	100	60	60	150
Minimum Requirement to Receive Credit	same as	above						

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 50 weeks Total Capacity 25

Average Enrollment: Men 4 Women 0 1st Term Students 4 Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 2 25-29 2 30 or over _____

Tuition: Total _____ Monthly Basis \$65.00 Payment Plan _____

Other Fees _____ Books _____ Materials _____ Equipment _____

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Tobin Career College, Inc.

Business Machines and

PROGRAM General Office

STARTING DATE Jan 1 - March 15 - June 15 - Sept 15

Basic Subject Taught (names)	Bus. Mach.	Accounting	Bus. Math.	Typing	Bus. Eng.	Work Study	Filing	Elect.
No. different Subject Levels	2	1	2	3	1	2	1	8 credits
Total Hours of Class Training	120	60	120	180	60	120	60	50
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity 125

Average Enrollment: Men Women 50 1st Term Students 50% Other Than 1st Term Students 50%

No. of Students aged: 19 or under - 20-24 - 25-29 - 30 or over No specific figure
Age range from 18-50

Tuition: Total - Monthly Basis \$65.00 Payment Plan -

Other Fees - Books - Materials - Equipment -

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes No X Tests Used

1000

1000

1000

SPECIALIZED SCHOOL NAME Tylers Beauty School
 Street 1409 Pierce Street
 City Sioux City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 546-4195 Area Code 712 Administrator Roger Tyler

Sponsor or Owner Roger Tyler

School Accredited by State Board of Cosmetology

Application for admission mailed to: Name Roger Tyler Title Owner

Fee required with enrollment application: Amount \$25 Refundable: Yes X No

Is fee applied toward tuition and other charges: Yes X No

Notification of acceptance: To student X To parent To high school None

High school transcript required: Yes No High School recommendation: Requested X Required

Dates student may begin classes: Normally the 1st Mon. of Jan., 2nd Mond. of June & 2nd Mon. of Sept.

School visitation: Recommended X Required Includes: Parents X Students X Counselors X

Persons responsible for contacting Roger Tyler Address 1409 Pierce Street, Sioux City, Iowa

Prospective Students: Lee Russell Address " " " " " "

Address

Compensated by: Straight Salary X Commission Salary plus commission

Entrance Testing required: Yes No X When After 3 weeks we can tell if the student can make the required course, if not we refund all tuition and advise to try another field.

By whom tested Position

Personal interview required: Yes No X When

By whom tested Normally Roger Tyler Position Owner

Graduate placement service: Yes X No Person or agency responsible Roger Tyler

Student, part time work, placement service: Yes X No if available

Person or agency responsible Roger Tyler

First term progress report sent to: Parents X Report sent only if the student is failing. Students High School Other

Students live: At home 27 % School owned 14 % YMCA/YWCA 0 % Private home 5 %

Public facilities 0 % Private rooming house 54 % Other %

Financial aids available: Loans X Workstudy Scholarship Other Pay after graduation

Monthly room and board cost: \$30 a month, everything furnished Admission Fee: None

Application for financial aid required: Yes No X Deadline Date

Director of financial aid Roger Tyler

Tuition refund policy and schedule Refund all if we feel student cannot become hairdresser after 3 weeks. If student pays on time there is no refund because she pays for her education as she receives it. If she pays the full amount the day she starts, it is refunded on basis of unused months.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X

SPECIFIC TRAINING PROGRAMS

Tylers Beauty School
PROGRAM Cosmetology

STARTING DATE Anytime

Basic Subject Taught (names)	Hair Cutting	Hair Styling	Permanent Wave	Hair Color	Bleaching	Manicuring	Public Relations	Shop Management
No. different Subject Levels								
Total Hours of Class Training	170	1,000	559	37½	37½	75	55	55
Minimum Requirement to Receive Credit	"	"	"	"	"	"	"	"

Basic Subject Taught (names)	Facial						
No. different Subject Levels							
Total Hours of Class Training	55						
Minimum Requirement to Receive Credit	"						

Length of Training Program 10½ months or 2100 hours Total Capacity _____

Average Enrollment: Men 6% Women 94% 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 90% 20-24 5% 25-29 3% 30 or over 2%

Tuition: Total \$375 Monthly Basis \$31.25 Payment Plan \$175 day of enrollment
\$31.25 for 4 payments and \$20.00 for 5 payments.

Other Fees _____ Books None Materials \$2 a month Equipment None

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME United Electronics Institute
 Street 1101 5th Street
 City West Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 274-1579 Area Code 515 Administrator H. J. Smith

Sponsor or Owner United Electronics Institute

School Accredited by there are no accrediting agencies in Iowa for private technical schools; however, we are approved in every other state which requires licensing or approval in which we work such as the Dept. voc. Ed. for the State of Ky.
 Application for admission mailed to: Name John O'Mara Title Dir. of Admissions and the Vet. Adm.

Fee required with enrollment application: Amount \$125 Refundable: Yes No X

Is fee applied toward tuition and other charges: Yes X No

Notification of acceptance: To student X To parent To high school X None

High school transcript required: Yes X No High School recommendation: Requested X Required

Dates student may begin classes: January, June, August, October

School visitation: Recommended X Required Includes: Parents X Students X Counselors

Persons responsible for contacting Tom McCabe Address 3708 67th Street

Prospective Students: John O'Mara Address 2532 Arthur

Address

Compensated by: Straight Salary Commission Salary plus commission

Entrance Testing required: Yes X No When Time of interview

By whom tested representatives Position

Personal interview required: Yes X No When no special time

By whom tested representatives Position

Graduate placement service: Yes X No Person or agency responsible United Electronics, Louisville, Kentucky

Student, part time work, placement service: Yes X No

Person or agency responsible United Electronics, West Des Moines, Iowa

First term progress report sent to: Parents X Students High School on request Other

Students live: At home 20 % School owned % YMCA/YWCA % Private home 60 %

Public facilities % Private rooming house % Other 20 %

Financial aids available: Loans Workstudy Scholarship X Other

Monthly room and board cost: Admission Fee:

Application for financial aid required: Yes VA No Deadline Date

Director of financial aid John O'Mara

Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No

SPECIFIC TRAINING PROGRAMS

United Electronics Institute

PROGRAM Industrial Electronics STARTING DATE Jan., June, Aug., Oct.

Basic Subject Taught (names)	Electricity	Basic Electronic	Math	Receivers & Transmitters	TV	Special Circuits	Advanced Electronics	Radar
No. different Subject Levels	1	1	1	1	1	1	1	1
Total Hours of Class Training	50	120	120	120	120	58	160	35
Minimum Requirement to Receive Credit	58	120	120	120	120	58	160	35

Basic Subject Taught (names)	Applied Electronic	Lab Projects						
No. different Subject Levels	1	1						
Total Hours of Class Training	360	737						
Minimum Requirement to Receive Credit	360	737						

Length of Training Program 95 weeks - 1900 hours Total Capacity 400

Average Enrollment: Men 280 Women 1st Term Students 36 Other Than 1st Term Students

No. of Students aged: 19 or under 200 20-24 60 25-29 30 or over 20

Tuition: Total \$1936.25 (day classes) Monthly Basis Payment Plan \$18.25 per week after 1st 12 weeks
\$1467.50 (night classes) \$225.00 for 1st 12 weeks

Other Fees Books Materials Equipment

Pre-requisite courses required General Math. & Algebra

Specific Pre-requisite Courses recommended Math, Physics, High School Electronics

Pre-enrollment or Placement test: Yes X No Tests Used Test of Technical Aptitudes; Gates-Kosway (mech. apt.)

(By Raymond A. Kemper, PHD) & Gen. Knowledge - UEI CP41490 8/66

SPECIALIZED SCHOOL NAME United Motel Training, Inc.
 Street 253 Jewett Building
 City Des Moines, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 243-1498 Area Code 515 Administrator Wayne L. Jones
 Sponsor or Owner Wayne L. Jones
 School Accredited by none
 Application for admission mailed to: Name United Motel Training, Inc. Title _____
 Fee required with enrollment application: Amount \$195 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes _____ No X High School recommendation: Requested _____ Required _____
 Dates student may begin classes: No specific date
 School visitation: Recommended _____ Required _____ Includes: Parents _____ Students _____ Counselors _____
 Persons responsible for contacting Wayne L. Jones Address 253 Jewett Building
 Prospective Students: _____ Address _____
 _____ Address _____
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No _____ When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When At time called on
 By whom tested Wayne L. Jones Position President
 Graduate placement service: Yes X No _____ Person or agency responsible United Motel Training, Inc.
 Student, part time work, placement service: Yes _____ No X
 Person or agency responsible _____
 First term progress report sent to: Parents _____ Students _____ High School _____ Other _____
 Students live: At home 100 % School owned _____ % YMCA/YWCA _____ % Private home 100 %
 Public facilities _____ % Private rooming house _____ % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: _____ Admission Fee: _____
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid _____
 Tuition refund policy and schedule No tuition is refunded if five (5) or more lessons are completed. Refund of tuition may be made only if student is rejected - of course, registration fee is non-refundable

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

United Motel Training, Inc.

PROGRAM Motel Management Training STARTING DATE Resident Training - to be arranged

	Imm keeping	BBX	Linens	Bookkeeping	Office Psych	Eng.	Insur.	Bus. Law
Basic Subject Taught (names)								
No. different Subject Levels	2			3		2		
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program from 4 mos. to 1 year Total Capacity 225 - unlimited

Average Enrollment: Men N.A. Women N.A. 1st Term Students N.A. Other Than 1st Term Students _____

No. of Students aged: 19 or under _____ 20-24 _____ 25-29 _____ 30 or over 225

Tuition: Total \$555 Monthly Basis Not under \$30 Payment Plan \$47 @ month

Other Fees none Books furnished Materials none Equipment none

Pre-requisite courses required none

Specific Pre-requisite Courses recommended High school education

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Universal Trades School
 Street 902 Capitol Avenue
 City Omaha, Nebraska

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Telephone 345-2422 Area Code 402 Administrator _____
 Sponsor or Owner Goerge Abdouch - President
 School Accredited by State of Nebraska Board of Education
 Application for admission mailed to: Name Jack Gish Title Enrollment Director
 Fee required with enrollment application: Amount \$90 Refundable: Yes _____ No X *
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____
 Dates student may begin classes: Every four weeks
 School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors X
 Persons responsible for contacting Jack Gish Address Omaha, Nebraska
 Prospective Students: Jack Killough Address Fremont, Nebraska
Paul Castelline Address Des Moines, Iowa
 Compensated by: Straight Salary _____ Commission _____ Salary plus commission X
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When _____
 By whom tested School official or Representative Position _____
 Graduate placement service: Yes X No _____ Person or agency responsible Educational Director
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Employment Director
 First term progress report sent to: Parents _____ Students _____ High School _____ Other _____
 Students live: At home 10 % School owned _____ % YMCA/YWCA 10 % Private home 10 %
 Public facilities 5 % Private rooming house 65 % Other _____ %
 Financial aids available: Loans _____ Workstudy _____ Scholarship _____ Other _____
 Monthly room and board cost: Ave. \$80 to \$100 Admission Fee: _____
 Application for financial aid required: Yes _____ No _____ Deadline Date _____
 Director of financial aid Financial aid consists of part time work and monthly pay. plan
 Tuition refund policy and schedule Student assessed tuition only for months (minimum two) in attendance - all unused tuition refunded

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X
 *Exceptions made for reasons beyond the student's control such as health, involuntary military service, etc.

SPECIFIC TRAINING PROGRAMS

Universal Trades School

Part I

PROGRAM Refrigeration & Air Conditioning STARTING DATE Every four weeks -----

Basic Subject Taught (names)	Compressors	High & Low Sides	Elec- tricity	Domestic Refrigeration	Commercial Refrigeration	Air Condition- ing		
No. different Subject Levels	N/A	See Bulletin						
Total Hours of Class Training	120	120	120	240	240	240		
Minimum Requirement to Receive Credit	N/A							

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity _____

Average Enrollment: Men 75 Women 0 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 48 20-24 13 25-29 8 30 or over 6

Tuition: Total 680.00 Monthly Basis 730.00 Payment Plan _____

Other Fees _____ Books No charge Materials No charge Equipment Tools-58.00

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Mathematics - Mechanical Shop

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Universal Trades School

Part II

PROGRAM Air Conditioning & Heating STARTING DATE September

Basic Subject Taught (names)	Air Conditioning	Air Conditioning	Heating Equipment	Boiler Fundamentals
No. different Subject Levels	Cooling N/A	Heating See Bulletin		
Total Hours of Class Training	120	120	120	120
Minimum Requirement to Receive Credit	N/A			

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 16 weeks Total Capacity _____

Average Enrollment: Men 15 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 7 20-24 6 25-29 2 30 or over _____

Tuition: Total _____ Monthly Basis _____ Payment Plan _____

Other Fees None Books No charge Materials No charge Equipment No charge

Pre-requisite courses required Refrigeration and Air Conditioning (Part I) or equivalent

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Universal Trades School

PROGRAM Automotive Mechanics STARTING DATE Every four weeks

Basic Subject Taught (names) &	Carburation fuel systems	Gasoline Engine	Auto Electricity	Basic Auto and Testing	Prac.	Power Train. & Chassis	General & garage	Specialized practice
No. different Subject Levels	N/A	See Bulletin	-	-	-	-	-	
Total Hours of Class Training	120	120	120	240		240	240	
Minimum Requirement to Receive Credit	N/A	-	-	-		-	-	

Basic Subject Taught (names)								
No. different Subject Levels								
Total Hours of Class Training								
Minimum Requirement to Receive Credit								

Length of Training Program 36 weeks Total Capacity _____

Average Enrollment: Men 180 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 146 20-24 21 25-29 10 30 or over _____

Tuition: Total 680.00 Monthly Basis 730.00 Payment Plan _____

Other Fees None Books No charge Materials No charge Equipment Tools-58.00

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Mechanical Shop

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIFIC TRAINING PROGRAMS

Universal Trades School

PROGRAM Auto Body and Fender Repair STARTING DATE Every four weeks

Basic Subject Taught (names)	Introduction to Body & Fender	Fundamentals welding Metal, Printing	Metal Shop Practice	Refinishing & Painting
No. different Subject Levels	N/A	See Bulletin -	-	-
Total Hours of Class Training	120	120	480	360
Minimum Requirement to Receive Credit	N/A	-	-	-

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 36 weeks Total Capacity _____

Average Enrollment: Men 80 Women _____ 1st Term Students _____ Other Than 1st Term Students _____

No. of Students aged: 19 or under 60 20-24 11 25-29 7 30 or over 2

Tuition: Total 680.00 Monthly Basis 730.00 Payment Plan _____

Other Fees _____ Books No charge Materials No charge Equipment Tools-58.00

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Metal Shop

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME University College of Cosmetology Inc.Street 20 East College StreetCity Iowa City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 337-2101 Area Code 319 Administrator Carl M SwensonSponsor or Owner Corporation Carl Swenson, PresidentSchool Accredited by State of Iowa and Accrediting Commission for Cosmetology EducationApplication for admission mailed to: Name Carl Swenson Title DirectorFee required with enrollment application: Amount None Refundable: Yes No Is fee applied toward tuition and other charges: Yes No Notification of acceptance: To student X To parent To high school None High school transcript required: Yes X No High School recommendation: Requested Required Dates student may begin classes: June, August, November and FebruarySchool visitation: Recommended X Required Includes: Parents X Students X Counselors XPersons responsible for contacting Carl Swenson, Director Address 20 East College StreetProspective Students: Coleen McArthur, Manager Address 20 East College StreetAddress Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes X No When Prior to acceptanceBy whom tested Carl Swenson or Secretary or Manager Position Director or Secretary or ManagerPersonal interview required: Yes No When By whom tested same as above Position Graduate placement service: Yes X No Person or agency responsible Carl SwensonStudent, part time work, placement service: Yes X No Person or agency responsible same as aboveFirst term progress report sent to: Parents X Students X High School Other Students live: At home 20 % School owned 20 % YMCA/YWCA % Private home 20 %Public facilities 20 % Private rooming house 20 % Other %Financial aids available: Loans X Workstudy Scholarship X Other Monthly room and board cost: \$50 - \$100 ~~Admission Fee~~ Testing Fee: \$25Application for financial aid required: Yes X No Deadline Date Director of financial aid Carl M. SwensonTuition refund policy and schedule Test fee not refundable-first month \$25/week; thereafter if student leaves before the 12th of the month ½ refund of the month's cost; any other advance payment full refundHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No (not applicable)

SPECIFIC TRAINING PROGRAMS

*Indicates covered in Theory of
Cosmetology

University College of Cosmetology, Inc.

PROGRAM Cosmetology

STARTING DATE _____

Basic Subject Taught (names)	Theory of Cosmetology	Marcelling	Facial Treatments	Electricity	Scalp Treatments	Manicuring	Color	Permanent Waving
No. different Subject Levels								
Total Hours of Class Training	335	10	130	10	45	75	225	600
Minimum Requirement to Receive Credit		1	150*	25*	125*	75	225	559

Basic Subject Taught (names)	Finger Waving	Haircutting	Sanitation	Tests	Iowa Law	Business Management	Drawing	Psychology of Dealing with People
No. different Subject Levels								
Total Hours of Class Training	245	200	85	50	20	110	10	50
Minimum Requirement to Receive Credit	240	170	85	50	20	110	0	0

Length of Training Program 44 wks or 2100 hrs Total Capacity 120

Average Enrollment: Men 3 Women 47 1st Term Students 24 Other Than 1st Term Students 26

No. of Students aged: 19 or under 60% 20-24 35% 25-29 _____ 30 or over 5%

Tuition: Total \$525 Monthly Basis \$100 1st mo. - \$40 10 mos. Payment Plan same

Other Fees _____ Books furnished Materials furnished Equipment furnished

Pre-requisite courses required none--High School Diploma

Specific Pre-requisite Courses recommended Psychology- Chemistry, Art

Pre-enrollment or Placement test: Yes X No _____ Tests Used Graves Judgement Design, Kuder Preference, Employer Aptitude # 1-3, 4, 5, 7, Otis, Minnesota Multiphasic, (Program set up and cared for by Leonard Goodstein, PhD.) CP 41490 8/66

Newspaper Production Laboratory, School

SPECIALIZED SCHOOL NAME of Journalism, University of Iowa

Street _____

City Iowa City, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 353-5791 Area Code 319 Administrator Leslie G. Moeller

Sponsor or Owner _____ Henry Africa

School Accredited by _____

Application for admission mailed to: Name Henry Africa Title Head, Newspaper Production Lab.Fee required with enrollment application: Amount \$50 Refundable: Yes X No _____Is fee applied toward tuition and other charges: Yes X No _____Notification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes _____ No X High School recommendation: Requested X Required _____Dates student may begin classes: Fall and Spring (Coincides with the academic semesters)School visitation: Recommended X Required _____ Includes: Parents X Students X Counselors _____Persons responsible for contacting None - all contact is by mail Address N.A.

Prospective Students: _____ Address _____

_____ Address _____

Compensated by: Straight Salary N.A. Commission N.A. Salary plus commission N.A.Entrance Testing required: Yes _____ No X When _____

By whom tested _____ Position _____

Personal interview required: Yes For Vols. When Before AcceptanceBy whom tested Rehab. Mr. Africa Position Head, Newspaper Production Lab.Graduate placement service: Yes X No _____ Person or agency responsible Mr. AfricaStudent, part time work, placement service: Yes X No _____Person or agency responsible University of Iowa Student AffairsFirst term progress report sent to: Parents _____ Students X High School _____ Other _____Students live: At home _____ % School owned 50 % YMCA/YWCA _____ % Private home _____ 50 %

Public facilities _____ % Private rooming house _____ % Other _____ %

Financial aids available: Loans X Workstudy _____ Scholarship _____ Other _____Monthly room and board cost: Approx. \$110 Admission Fee: \$350 total, paid in monthly install.Application for financial aid required: Yes X No _____ Deadline Date NoneDirector of financial aid Iowa Press Association has some aid available.Tuition refund policy and schedule Same as the University of Iowa.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes X No _____

SPECIFIC TRAINING PROGRAMS

Newspaper Prod. Lab. - University of Iowa

PROGRAM Line Casting Machine Operation & Care **STARTING DATE** Fall and Spring Semesters

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Basic fundamentals of printing, letter press and off-set.							
N.A.							
One semester of laboratory work, 10 hours per week.							
None-credit course.							

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program F Total Capacity 15

Average Enrollment: Men 13-14 Women 1-2 1st Term Students N.A. Other Than 1st Term Students N.A.

No. of Students aged: 19 or under 1-2 20-24 4-5 25-29 4-5 30 or over 4-5

Tuition: Total \$350 Monthly Basis yes Payment Plan no

Other Fees None Books Approx. \$25 Materials none Equipment none

Pre-requisite courses required None

Specific Pre-requisite Courses recommended English and Math background helpful

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Washington Senior High School of Practical NursingStreet Lowell School - 710 W. 18th StreetCity Sioux Falls, South Dakota

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 334-6403 Area Code _____ Administrator Agnes B. Thompson, DirectorSponsor or Owner Sioux Falls Independent School District #1 and Board of EducationSchool Accredited by South Dakota Board of Nursing and National Association Practical Nurse Ed. and Service, Ins.Application for admission mailed to: Name Agnes B. Thompson Title DirectorFee required with enrollment application: Amount \$15 Refundable: Yes _____ No XIs fee applied toward tuition and other charges: Yes _____ No XNotification of acceptance: To student X To parent _____ To high school _____ None _____High school transcript required: Yes X No _____ High School recommendation: Requested X Required _____Dates student may begin classes: August 30, 1966School visitation: Recommended X Required _____ Includes: Parents _____ Students X Counselors _____Persons responsible for contacting Director of School Address 710 W. 18th St., Sioux Falls, S.D.

Prospective Students: _____ Address _____

Address _____

Compensated by: Straight Salary X Commission _____ Salary plus commission _____Entrance Testing required: Yes X No _____ When Will be scheduledBy whom tested South Dakota Employment Office Position CounselorPersonal interview required: Yes X No _____ When DATE OF TESTINGBy whom tested Director Position _____Graduate placement service: Yes _____ No X Person or agency responsible Not applicableStudent, part time work, placement service: Yes _____ No XPerson or agency responsible Not applicableFirst term progress report sent to: Parents X Students X High School _____ Other _____Students live: At home 26 % School owned _____ % YMCA/YWCA 4 % Private home _____ %Public facilities not applicable % Private rooming house not applicable % Other small apt. 70 %Financial aids available: Loans not applicable Workstudy not applicable Scholarship none Other _____Monthly room and board cost: Aoubt \$50-\$70 per month Admission Fee: \$300 excluding board & roomApplication for financial aid required: not applicable Deadline Date not applicableDirector of financial aid not applicableTuition refund policy and schedule 2/3 - 1st month; 1/3 - 2nd month; none thereafterHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No X

SPECIFIC TRAINING PROGRAMS

Washington Senior High School of Practical Nursing

PROGRAM Practical Nursing STARTING DATE August 30, 1966

Basic Subject Taught (names)	Orientation	Psychology	The Family	Personal & Health Comm.	Principles of Psyc. Nurs.	Personal & Voc. Rel.	Nutrition Diets & Dis.	Medical & Surgical Nurs
No. different Subject Levels								
Total Hours of Class Training	15	50	30	40	20	48	40	148
Minimum Requirement to Receive Credit	15	50	30	40	20	48	40	148

Basic Subject Taught (names)	Nursing Arts	Nursing of Children	Maternity Nursing					
No. different Subject Levels								
Total Hours of Class Training	248	24	24					
Minimum Requirement to Receive Credit	248	24	24					

Length of Training Program 12 months Total Capacity 50 preferred - handled 56 this year

Average Enrollment: Men 0 Women 51 1st Term Students 51 Other Than 1st Term Students none

No. of Students aged: 19 or under 41 20-24 7 25-29 1 30 or over 2

Tuition: Total \$180 Monthly Basis none Payment Plan Day of enrollment to be paid in full

The student activity is the student organization and this money is for the class activities--the students vote on how it is to be used and the class admin. approves of these functions. It includes parties, field trips, etc.

Other Fees Student Act. Ticket \$15 Books \$25 Materials Uniform \$35 Equipment Insurance Health

Pre-requisite courses required _____

Specific Pre-requisite Courses recommended _____

Pre-enrollment or Placement test: Yes X No _____ Tests Used G.A.T.B. and N.L.N. Pre admission and classification exam

SPECIALIZED SCHOOL NAME Waterloo Barber CollegeStreet 221 East Fifth StreetCity Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 234-9611 Area Code 319 Administrator Guy BartonSponsor or Owner R. G. Beneke, K. B. Newcomer, and Guy BartonSchool Accredited by Nat'l. Ed. Council - Assn. of Master Barbers and Beauticians of America Nat'l. Assn. of Stand. BarberApplication for admission mailed to: Name Waterloo Barber College Title Schools (AAA)Fee required with enrollment application: Amount \$60 Refundable: Yes X No Is fee applied toward tuition and other charges: Yes X No Notification of acceptance: To student X To parent To high school None High school transcript required: Yes X No High School recommendation: Requested Required XDates student may begin classes: January, April, July, and OctoberSchool visitation: Recommended X Required Includes: Parents Students X Counselors Persons responsible for contacting Guy Barton Address Waterloo Barber CollegeProspective Students: R. G. Beneke Address Waterloo Barber CollegeAddress Compensated by: Straight Salary X Commission Salary plus commission Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes No X When By whom tested Position Graduate placement service: Yes X No Person or agency responsible Waterloo Barber CollegeStudent, part time work, placement service: Yes X No Person or agency responsible Waterloo Barber CollegeFirst term progress report sent to: Parents Students X High School Other Students live: At home 10 % School owned % YMCA/YWCA % Private home 25 %Public facilities % Private rooming house 65 % Other %Financial aids available: Loans Workstudy X Scholarship Other Monthly room and board cost: Admission Fee: Application for financial aid required: Yes No Deadline Date Director of financial aid Tuition refund policy and schedule Pro-rated on the basis of unused tuition.Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No X (exempt)

SPECIFIC TRAINING PROGRAMS

Waterloo Barber College

PROGRAM Barbering STARTING DATE January, April, July, or October

Basic Subject Taught (names)	Demonstrations & lectures	Practical	Physicians Lectures				
No. different Subject Levels	1	1	1				
Total Hours of Class Training	361	1400	39				
Minimum Requirement to Receive Credit	361	1400	39				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program Nine months Total Capacity 35

Average Enrollment: Men 14 Women _____ 1st Term Students 14 Other Than 1st Term Students _____

No. of Students aged: 19 or under Most 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$495 Monthly Basis \$60 (540) Payment Plan Monthly

Other Fees \$12.50 Books _____ Materials _____ Equipment Total \$120

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

SPECIALIZED SCHOOL NAME Waterloo School of Beauty Culture
 Street 720 Lafayette Street
 City Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 233-3597 Area Code 319 Administrator Mrs. Viola Shannan
 Sponsor or Owner Mr. and Mrs. Robert Charles
 School Accredited by State Board of Health - Cosmetology Board
 Application for admission mailed to: Name Pitze's Beauty Supplies ~~Title~~ 706 Lafayette Street
 Fee required with enrollment application: Amount None Refundable: Yes ----- No -----
 Is fee applied toward tuition and other charges: Yes ----- No -----
 Notification of acceptance: To student X To parent ----- To high school ----- None -----
 High school transcript required: Yes X No ----- High School recommendation: Requested ----- Required -----
 Dates student may begin classes: March, June, September, and December
 School visitation: Recommended X Required ----- Includes: Parents X Students X Counselors X
 Persons responsible for contacting ----- Address -----
 Prospective Students: ----- Address -----
----- Address -----
 Compensated by: Straight Salary ----- Commission ----- Salary plus commission -----
 Entrance Testing required: Yes ----- No X When GED for applicants with less than 10th grade education
 By whom tested ----- Position -----
 Personal interview required: Yes X No ----- When Prior to acceptance
 By whom tested Mrs. Charles Position Co-owner
 Graduate placement service: Yes Informal No ----- Person or agency responsible -----
 Student, part time work, placement service: Yes ----- No X
 Person or agency responsible -----
 First term progress report sent to: Parents failure Students X High School ----- Other -----
 Students live: At home 40 % School owned ----- % YMCA/YWCA ----- % Private home ----- %
 Public facilities ----- % Private rooming house 60 % Other ----- %
 Financial aids available: Loans gov't sponsored Workstudy ----- Scholarship ----- Other -----
 Monthly room and board cost: ----- Admission Fee: -----
 Application for financial aid required: Yes ----- No ----- Deadline Date -----
 Director of financial aid -----
 Tuition refund policy and schedule Mostly installment payments so no refund.

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes ----- No -----

SPECIFIC TRAINING PROGRAMS

Waterloo School of Beauty Culture

PROGRAM Cosmetology STARTING DATE March, June, September, and December

Basic Subject Taught (names)	Demonstra- tions	Theory	Practical				
No. different Subject Levels	1	1	1				
Total Hours of Class Training	500	240	1360				
Minimum Requirement to Receive Credit	500	240	1360				

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10 $\frac{1}{2}$ months Total Capacity 200

Average Enrollment: Men 1 Women 60 1st Term Students 60 Other Than 1st Term Students -----

No. of Students aged: 19 or under Most 20-24 25-29 30 or over

Tuition: Total \$300 Monthly Basis \$100 down - \$20/mo. Payment Plan

Other Fees Books Included Materials Equipment Uniforms \$30

Pre-requisite courses required None

Specific Pre-requisite Courses recommended None

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Xavier Hospital School of Medical TechnologyStreet Davis AvenueCity Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 2-3681 Area Code 319 Administrator Sister Mary Helene, O.S.F.Sponsor or Owner Sisters of St. FrancisSchool Accredited by National Registry of Medical TechnologyApplication for admission mailed to: Name Dr. R.G. Vernon Title DirectorFee required with enrollment application: Amount \$50 Refundable: Yes X No Is fee applied toward tuition and other charges: Yes No XNotification of acceptance: To student X To parent To high school None High school transcript required: Yes No X High School recommendation: Requested X Required Dates student may begin classes: JuneSchool visitation: Recommended Required X Includes: Parents if desired Students X Counselors Persons responsible for contacting Dr. R.G. Vernon Address Xavier HospitalProspective Students: Sister John Mary, M.T. (ASCP) Address Xavier HospitalAddress Compensated by: Straight Salary Stipend Commission Salary plus commission Entrance Testing required: Yes No X When By whom tested Position Personal interview required: Yes X No When Before acceptanceBy whom tested Dr. R.G. Vernon Position DirectorGraduate placement service: Yes No X Person or agency responsible Student, part time work, placement service: Yes No Person or agency responsible not encouragedFirst term progress report sent to: Parents Students High School Other CollegeStudents live: At home % School owned % YMCA/YWCA % Private home 75 %Public facilities % Private rooming house % Other 25 %Financial aids available: Loans Workstudy Scholarship X Other Monthly room and board cost: unknown Admission Fee: \$50Application for financial aid required: Yes No X Deadline Date Director of financial aid Tuition refund policy and schedule \$50 refunded after beginning courseHas information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Xavier Hospital School of Medical Technology

PROGRAM Medical Technology STARTING DATE June

Basic Subject Taught (names)	Hematology, Urinalysis, Chemistry, Bacteriology, Serology, Blood Banking, Histology, Micology, Parasitology						
No. different Subject Levels							
Total Hours of Class Training	Formal lecture 4 hours per week						
Minimum Requirement to Receive Credit	Pass examination of Registry of Medical Technology						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program one year Total Capacity 4

Average Enrollment: Men _____ Women _____ 1st Term Students _____ Other Than 1st Term Students combined students

No. of Students aged: 19 or under _____ 20-24 3 25-29 _____ 30 or over _____

Tuition: Total none Monthly Basis _____ Payment Plan _____

Other Fees _____ Books X Materials X Equipment X

Pre-requisite courses required 16 hrs. Chemistry, 16 hrs Biological Science, 3 hrs Math

Specific Pre-requisite Courses recommended Physics, Typing, Advanced Math

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

Recommended High School Courses: Biology, Chemistry, Physics, Math

SPECIALIZED SCHOOL NAME Xavier Hospital School of X-Ray Technology
 Street Davis Avenue
 City Dubuque, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 582-3681 Area Code 319 Administrator Sister Mary Helene, OSF
 Sponsor or Owner Radiologists in Charge: Dr. M. S. Lagen and Dr. D. R. Baughman
 School Accredited by Council on Medical Education, American
 Application for admission mailed to: Name Dr. M. S. Lagen Title Radiologist
 Fee required with enrollment application: Amount None Refundable: Yes No
 Is fee applied toward tuition and other charges: Yes No
 Notification of acceptance: To student X To parent To high school None
 High school transcript required: Yes X No High School recommendation: Requested Required
 Dates student may begin classes: June
 School visitation: Recommended X Required Includes: Parents Students X Counselors
 Persons responsible for contacting Address
 Prospective Students: Sister Mary Miguel, OSF Address Xavier Hospital
 Address
 Compensated by: Straight Salary Commission Salary plus commission
 Entrance Testing required: Yes No X When
 By whom tested Position
 Personal interview required: Yes X No When
 By whom tested a) Dr. Lagen B) Sister M. Miguel Position a) Radiologist b) X-Ray Supervisor
 Graduate placement service: Yes No X Person or agency responsible
 Student, part time work, placement service: Yes No X
 Person or agency responsible
 First term progress report sent to: Parents Students X High School Other
 Students live: At home 2/3 % School owned % YMCA/YWCA % Private home %
 Public facilities % Private rooming house 1/3 % Other %
 Financial aids available: Loans Workstudy Scholarship Other
 Monthly room and board cost: Admission Fee: None
 Application for financial aid required: Yes No X Deadline Date
 Director of financial aid
 Tuition refund policy and schedule

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes No

SPECIFIC TRAINING PROGRAMS

Xavier Hospital School of X-Ray Technology

PROGRAM X-Ray Training

STARTING DATE June

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Physics	Anatomy	Darkroom	Positioning	Technique	Record Keeping	Therapy	Isotopes
20 hours	30 hours	10 hours	50 hours	10 hours	5 hours	10 hours	5 hours

Basic Subject Taught (names)

No. different Subject Levels

Total Hours of Class Training

Minimum Requirement
to Receive Credit

Length of Training Program two years Total Capacity 6

Average Enrollment: Men 1 Women 5 1st Term Students 3 Other Than 1st Term Students 3 2nd year students

No. of Students aged: 19 or under 4 20-24 2 25-29 30 or over

Tuition: Total None Monthly Basis Payment Plan

Other Fees None Books \$25 Materials Notebook Equipment

Pre-requisite courses required Physics recommended

Specific Pre-requisite Courses recommended

Pre-enrollment or Placement test: Yes No X Tests Used

SPECIALIZED SCHOOL NAME Young School of Beauty
 Street 322 West Fourth Street
 City Waterloo, Iowa

THIS INFORMATION DOES NOT CONSTITUTE AN EVALUATION, AN ENDORSEMENT, OR A RECOMMENDATION BY IOWA PERSONNEL AND GUIDANCE ASSOCIATION OR IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION.

Telephone 234-2847 Area Code 319 Administrator Mrs. Kathryn Young
 Sponsor or Owner David and Kathryn Young
 School Accredited by State Board of Health - Cosmetology Board
 Application for admission mailed to: Name Young School of Beauty Title _____
 Fee required with enrollment application: Amount \$20 Refundable: Yes _____ No X
 Is fee applied toward tuition and other charges: Yes X No _____
 Notification of acceptance: To student X To parent _____ To high school _____ None _____
 High school transcript required: Yes X No _____ High School recommendation: Requested _____ Required X
 Dates student may begin classes: First Monday of Each month except July.
 School visitation: Recommended X Required _____ Includes: Parents _____ Students X Counselors _____
 Persons responsible for contacting David Young Address Young School of Beauty
 Prospective Students: Kathryn Young Address Young School of Beauty
 Address _____
 Compensated by: Straight Salary X Commission _____ Salary plus commission _____
 Entrance Testing required: Yes _____ No X When _____
 By whom tested _____ Position _____
 Personal interview required: Yes X No _____ When Prior to acceptance
 By whom tested David and Kathryn Young Position Owner and administrator
 Graduate placement service: Yes X No _____ Person or agency responsible Young School of Beauty
 Student, part time work, placement service: Yes X No _____
 Person or agency responsible Young School of Beauty
 First term progress report sent to: Parents failure Students X High School _____ Other _____
 Students live: At home 10 % School owned 15 % YMCA/YWCA ----- % Private home _____ %
 Public facilities _____ % Private rooming house _____ % Other Apts. 75 %
 Financial aids available: Loans _____ Workstudy _____ Scholarship X Other deferred
 Monthly room and board cost: \$32 for room Admission Fee: ----- payment
 Application for financial aid required: Yes _____ No X Deadline Date _____
 Director of financial aid -----*
 Tuition refund policy and schedule \$.75/hour - pro-rated up to 340 hours

Has information, as mandated by Senate File 560, been filed with the State Department of Public Instruction: Yes _____ No _____

SPECIFIC TRAINING PROGRAMS

Young School of Beauty

PROGRAM Cosmetology STARTING DATE Every month but July

Basic Subject Taught (names)	Practical & Theory						
No. different Subject Levels	1						
Total Hours of Class Training	2100						
Minimum Requirement to Receive Credit	2100						

Basic Subject Taught (names)							
No. different Subject Levels							
Total Hours of Class Training							
Minimum Requirement to Receive Credit							

Length of Training Program 10½ months Total Capacity 200

Average Enrollment: Men _____ Women 150 1st Term Students 150 Other Than 1st Term Students _____

No. of Students aged: 19 or under Most 20-24 _____ 25-29 _____ 30 or over _____

Tuition: Total \$285 Monthly Basis \$20 down - \$21.93/mo. Payment Plan Monthly or weekly

\$20 down - 10/week

Other Fees _____ Books _____ Materials _____ Equipment \$45 including uniform

Pre-requisite courses required None

Specific Pre-requisite Courses recommended Biology and Art

Pre-enrollment or Placement test: Yes _____ No X Tests Used _____

INDEX

Accounting

Area II - North Iowa Area Community College
Mason City, Iowa 35
Area III - Area Community College
Estherville, Iowa 44
Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 57
Area VI - Area Community College
Marshalltown, Iowa 86
Cedar Rapids Business College 180
Clinton Business College 187
National Business Training College 316
Nettleton, Boyles-Van Sant College 333
Nettleton Commercial College 336
Tobin Career College 410

Automation Accounting

American Institute of Business 17
Commercial Extension School of Commerce 203

Executive Accounting

Gates Business College 229

Higher Accounting

American Institute of Business 17
Commercial Extension School of Commerce 207
Iowa City Commercial College 255
Iowa Success School 276

Junior Accounting

American Institute of Business 13, 14
Commercial Extension School of Commerce 202
Iowa Success School 277

Professional Accounting

National Business Training College 312
Nettleton, Boyles-Van Sant College 331
Nettleton Commercial College 339

Administrative Assistant

Commercial Extension School of Commerce 206

Agriculture

Equipment Technology

Area II - North Iowa Community College
Mason City, Iowa 25

Feed and Fertilizer

Area III - Area Community College
Estherville, Iowa 49

Air Conditioning

Area II - North Iowa Community College
Mason City, Iowa 29
Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 52
Universal Trades School 420, 421

Art

Omaha Art School and Studios, Inc. 348
Ottumwa Heights College 359

Auctioneering

Iowa School of Auctioneering 268
Reisch American School of Auctioneering, Inc. 376

Index (continued)

Auto Training

Automatic Transmission

Lincoln Technical Institute of Des Moines 291

Body Repair

Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 54

Area X - Area Community College
Cedar Rapids, Iowa 110

Hanson Mechanical Trade School 239
South Dakota Vocational-Technical School 394
Universal Trades School 423

Auto Mechanics

Area II - North Iowa Community College
Mason City, Iowa 28

Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 53

Area V - Iowa Central Community College
Fort Dodge, Iowa 72

Area VI - Area Community College
Marshalltown, Iowa 85

Area X - Area Community College
Cedar Rapids, Iowa 109

Area XV - Iowa Technical Institute
Centerville, Iowa 142

Area XVI - Area Community College
Burlington, Iowa 151

Hanson Mechanical Trade School 238
Lincoln Technical Institute of Des Moines 290
South Dakota Vocational-Technical School 396
Universal Trades School 422

Diesel Mechanics

Hanson Mechanical Trade School 238
South Dakota Vocational-Technical School 400

Barbering

Iowa Barber College 250
Sioux City Barber College 392
Waterloo Barber College 432

Business

Business Administration

Area III - Area Community College
Estherville, Iowa 45
Area V - Iowa Central Community College
Eagle Grove, Iowa 60
Commercial Extension School of Commerce 208
Gates Business College 231
Iowa City Commercial College 253
Iowa Success School 276
National Business Training College 318
Nettleton, Boyles-Van Sant College 332

Business - General

Area II - North Iowa Area Community College
Mason City, Iowa 33
Area VI - Area Community College
Iowa Falls, Iowa 79, 80
Marshalltown, Iowa 88
Area IX - Area Community College
Clinton, Iowa 100
Burlington Business College 174
National Business Training College 314
National Transportation Schools 325

Business Machines

American Institute of Business 8
National Transportation Schools 322
Northwestern Electronics Institute 343
Tobin Career College, Inc. 410, 411

Index (continued)

Business Management

American Institute of Business 16
Area III - Area Community College
Emmetsburg, Iowa 41

Carpentry

South Dakota Vocational-Technical School 397

Chemical Technology

Area VI - Area Community College
Marshalltown, Iowa 91
Iowa State Univ.-Technical Institute 270

Clerical

American Institute of Business 8
Area II - North Iowa Community College
Mason City, Iowa 31, 32
Area III - Area Community College
Estherville, Iowa 47
Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 57
Area V - Iowa Central Community College
Eagle Grove, Iowa 62
Area VI - Area Community College
Marshalltown, Iowa 92
Area X - Area Community College
Cedar Rapids, Iowa 115
Iowa City Commercial College 256

Communications

Communications Electronics

Northwestern Electronics Institute 346

Communications Training

Personnel Training Institute 372

Comptometer

Iowa Success School 281

Computer

Computer Maintenance

Area XV - Iowa Technical Institute
Ottumwa, Iowa 135

Computer Programming

Academy of Automation 4
Area X - Area Community College
Cedar Rapids, Iowa 113
Automation Institute of Omaha, Inc. 154
Electronic Computer Programming Institute
Cedar Rapids, Iowa 216
Electronic Computer Programming Institute
Des Moines, Iowa 218

Construction Technology

Iowa State Univ.-Technical Institute 272

Cosmetology

Barnes Beauty College of Cosmetology 158
Bernel Hairstyling College
Ames, Iowa 160
Bernel Hairstyling College
Fort Dodge, Iowa 162
Burlington Beauty Academy 172
Capitol Beauty School 178
Clinton Academy of Beauty 184
Dubuque Beauty Academy 214
Ellis School of Hairstyling and Cosmetology 220
Franco School of Hairstyling 226
Gerald's School of Hair Design & Cosmetology 236
Larson School of Hairstyling 288

Cosmetology (cont.)

Mr. Terry's Accredited University of Beauty 310
Ottumwa Beauty Academy 350, 351
Paris Academy of Beauty Culture 370
Stewart School of Hairstyling
 Council Bluffs, Iowa 404
Stewart School of Hairstyling
 Sioux City, Iowa 406
Thompson Beauty School 408
Tylers Beauty School 414
University College of Cosmetology 426
Waterloo School of Beauty Culture 434
Young School of Beauty 440

Court Reporting

American Institute of Business 12

Culinary Arts

Area XV - Iowa Technical Institute
 Ottumwa, Iowa 136

Data Processing

Area X - Area Community College
 Cedar Rapids, Iowa 111, 114
Area XV - Iowa Technical Institute
 Ottumwa, Iowa 134
Automation Institute of Omaha, Inc. 154
College of Automation 191
Electronic Computer Programming Institute
 Cedar Rapids, Iowa 216
National Business Training College 315

Drafting

Area II - North Iowa Community College
 Mason City, Iowa 27

Area V - Iowa Central Community College
 Eagle Grove, Iowa 63
Area VI - Area Community College
 Marshalltown, Iowa 84
Area IX - Area Community College
 Clinton, Iowa 101
Area XII - Area Vocational School
 Sioux City, Iowa 127
Area XV - Iowa Technical Institute
 Centerville, Iowa 144
National Transportation Schools 326
South Dakota Vocational-Technical School 395

Electronics Technology

Area II - North Iowa Community College
 Mason City, Iowa 26
Area VI - Area Community College
 Iowa Falls, Iowa 76
 Marshalltown, Iowa 89
Area IX - Area Community College
 Clinton, Iowa 98
Area X - Area Community College
 Cedar Rapids, Iowa 104
Area XII - Area Vocational School
 Sioux City, Iowa 126
Area XV - Iowa Technical Institute
 Ottumwa, Iowa 137
 Centerville, Iowa 143
Area XVI - Area Community College
 Burlington, Iowa 150
College of Automation 192
Iowa State Univ.-Technical Institute 271
Northwestern Electronics Institute 342

Engineering Technology

Area VII - Hawkeye Institution of Technology
 Waterloo, Iowa 95
National Transportation Schools 326

Index (continued)

Fashion Merchandising

Area VI - Area Community College
Iowa Falls, Iowa 78

Floriculture

Area X - Area Community College
Cedar Rapids, Iowa 105

Food Service

Area II - North Iowa Community College
Mason City, Iowa 30
Area V - Iowa Central Community College
Fort Dodge, Iowa 73

Hardware Marketing

Area XV - Iowa Technical Institute
Ottumwa, Iowa 138

Heating

Universal Trades School 421

Home Economics

Ottumwa Heights College 360

Homemaking

Ottumwa Heights College 361

Industrial Electronics

Area V - Iowa Central Community College
Fort Dodge, Iowa 68, 69
Area XI - Area Community College
Ankeny, Iowa 124

South Dakota Vocational-Technical School 399
United Electronics Institute 416

Industrial Technology

Northwestern Electronics Institute 345

Key Punch

Academy of Automation 2
Area X - Area Community College
Cedar Rapids, Iowa 112
College of Automation 190
Commercial Data Processing Co. 196
Iowa Success School 282

Lathe

Hanson Mechanical Trade School 241

Liberal Arts

Ottumwa Heights College 357
Saint Joseph's Manor 386

Machine Shop

Area V - Iowa Central Community College
Eagle Grove, Iowa 61
Area X - Area Community College
Cedar Rapids, Iowa 117, 118
South Dakota Vocational-Technical School 401

Mechanical Design

Area XVI - Area Community College
Burlington, Iowa 148

Index (continued)

Mechanical Problems

Area XVI - Area Community College
Burlington, Iowa 149

Mechanical Technology

Area VI - Area Community College
Marshalltown, Iowa 90
Area VII - Hawkeye Institution of Technology
Waterloo, Iowa 96
Area X - Area Community College
Cedar Rapids, Iowa 106
Area XIII - Area Community College
Clarinda, Iowa 130
Iowa State Univ.-Technical Institute 273

Medical Assistant

Area V - Iowa Central Community College
Fort Dodge, Iowa 74

Medical Technology

Finley Hospital School of Medical Technology 224
Ottumwa Heights College 363
Ottumwa Hospital School of Medical Tech 366
Saint Joseph Mercy Hospital School of Med. Tech 380
Xavier Hospital School of Medical Technology 436

Motel Management

United Motel Training, Inc. 418

Music

Ottumwa Heights College 358

Newspaper Production

Univ. of Iowa-School of Journalism 428

Nursing

Nursing Technicians

Mercy Hospital School of Nursing Technicians 298

Practical Nursing

Ames School of Practical Nursing 20
Antonian School of Practical Nursing 22
Area II - North Iowa Community College
Mason City, Iowa 24
Area III - Area Community College
Estherville, Iowa 48
Area VII - Hawkeye Institute of Technology
Waterloo, Iowa 94
Area IX - Area Community College
Clinton, Iowa 99
Area X - Area Community College
Cedar Rapids, Iowa 107 Iowa City 122
Area XII - Area Vocational School
Sioux City, Iowa 128
Area XIII - Area Community College
Clarinda, Iowa 131
Area XV - Iowa Technical Institute
Ottumwa, Iowa 139
Centerville, Iowa 145
Area XVI - Area Community College
Burlington, Iowa 152
Des Moines School of Practical Nursing 212
Mercedian School of Practical Nursing 296
Saint Luke's Methodist Hospital School of
Practical Nursing 390
Washington Senior High School of Practical
Nursing 430

Registered Nursing

Allen Memorial Hospital Luthern School of
Nursing 6
Area V - Iowa Central Community College
Fort Dodge, Iowa 70, 71

Registered Nursing (cont.)

Broadlawns Polk County Hospital School of
Nursing 170
Burlington Hospital School of Nursing 176
Evangelical Hospital School of Nursing 222
Iowa Luthern Hospital School of Nursing 258
Iowa Methodist Hospital School of Nursing 262, 263
Jennie Edmundson Memorial Hospital School
of Nursing 284
Luthern Hospital School of Nursing 294
Mercy Hospital School of Nursing
Cedar Rapids, Iowa 300
Mercy Hospital School of Nursing
Des Moines, Iowa 302
Methodist Hospital School of Nursing 308
Nebraska Methodist School of Nursing 328
Saint Joseph Hospital School of Nursing 378
Saint Joseph Mercy Hospital School of
Nursing 382
Saint Luke's Methodist Hospital School of
Nursing 388

Petroleum Marketing

Area VI - Area Community College
Iowa Falls, Iowa 77

Pilot Training

Beyer Aviation 164
Des Moines Flying Service 210

Power Lineman

Area IV - Northwest Iowa Vocational School
Sheldon, Iowa

Program - Latin American Students

Ottumwa Heights College 362

Radio Technician

Area VI - Area Community College
Iowa Falls, Iowa 76
Northwestern Electronics Institute 344
South Dakota Vocational-Technical School

Radiology

Iowa Luthern Hospital School of Radiology 259
Mercy Hospital School of Radiology 304
Saint Joseph Mercy Hospital School of
Radiology 384

Refrigeration

Area II - North Iowa Community College
Mason City, Iowa 29
Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 52
Universal Trades School 420

Retailing

Area II - North Iowa Community College
Mason City, Iowa 34
Area VI - Area Community College
Iowa Falls, Iowa 81
Clinton Business College 188

Secretarial

Executive Secretarial

Area V - Iowa Central Community College
Fort Dodge, Iowa 66
American Institute of Business 11
Automation Institute of Omaha, Inc. 155
Commercial Extension School of Commerce 201
Gates Business College 228
Iowa Success School 278
National Business Training College 313

Index (continued)

General Secretarial

Area II - North Iowa Community College
Mason City, Iowa 37
Area III - Area Community College
Emmetsburg, Iowa 40
Estherville, Iowa 46
Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 58
Area V - Iowa Central Community College
Eagle Grove, Iowa 62
Area VI - Area Community College
Marshalltown, Iowa 87
Boone Junior College 166, 167
Clinton Business College 186
College of Automation 193
Commercial Extension School of Commerce 198
Gates Business College 230
Humboldt Institute, Inc. 246
Iowa City Commercial College 254
National Transportation Schools 323
Nettleton Commercial College 337
Ottumwa Heights College 355

Insurance Secretarial

Area VI - Area Community College
Iowa Falls, Iowa 82

Junior Secretarial

American Institute of Business 10

Legal Secretarial

Area II - North Iowa Area Community College
Mason City, Iowa 36
Commercial Extension School of Commerce 204

Medical Secretarial

Area II - North Iowa Community College
Mason City, Iowa
Commercial Extension School of Commerce 200
Ottumwa Heights College 354

Private Secretarial

Automation Institute of Omaha, Inc. 156

Stenographic

American Institute of Business 9
Cedar Rapids Business College 181
Commercial Extension School of Commerce 199
Gates Business College 232
Iowa City Commercial College 252
Iowa Success School 280
National Business Training College 317
Nettleton, Boyles-Van Sant College 330
Nettleton Commercial College 338

Teacher Education

Ottumwa Heights College 356

Teletype

National Transportation Schools 324

Television Technician

Area VI - Area Community College
Iowa Falls, Iowa 76
Northwestern Electronics Institute 344
South Dakota Vocational-Technical School 398

Traffic Management

Humboldt Institute, Inc. 247

Transportation

Humboldt Institute, Inc. 247
National Transportation Schools 325

Index (continued)

Welding

Area IV - Northwest Iowa Vocational School
Sheldon, Iowa 56
Area X - Area Community College
Cedar Rapids, Iowa 108
Hanson Mechanical Trade School 243
Lamb Welding Supply Co. 286
Pointer's Welding School 374

X-Ray Technology

Area X - Area Community College
Iowa City, Iowa 120
Iowa Methodist Hospital School of X-Ray Tech 266
Mercy Hospital School of X-Ray Technology 306
Ottumwa Hospital School of X-Ray Tech 368
Xavier Hospital School of X-Ray Technology 438

